

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 27 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG2000014918
1. Entity Name
Queen Transport, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3429 NW 38st</u> Suite, Apt. #, etc.	3. Mailing Address <u>PO Box 015995</u> Suite, Apt. #, etc.
City & State <u>Miami, FL</u>	City & State <u>Miami, FL</u>
Zip <u>33142</u>	Zip <u>33101</u>
Country <u>USA</u>	Country <u>U.S.A</u>

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4. FEI Number <u>65-0377490</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Jose L. Rodriguez</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3429 SW 24st.</u>	
City <u>Miami</u>	Zip Code <u>33175</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jose L. Rodriguez</u> <u>3429 NW 38st. Miami, FL 33142</u>
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***150.00 ***150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Rodriguez 6-18-02 305-635-9014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GR2E034B (12/01)

4 7/1/02