

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006336

1. Entity Name

DO CAMPO TRANSPORT, L.L.C.

Principal Place of Business

5520 SW 162ND CT
MIAMI FL 33185

Mailing Address

5520 SW 162ND CT
MIAMI FL 33185

2. Principal Place of Business

3455 NW 54th

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

Zip

33142

Country

DADE

Zip

Country

4. FEI Number

65-0805900

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOCAMPO, RICARDO
5520 SW 162ND CT
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE MGRM
NAME DOCAMPO, RICARDO ☐ Delete
STREET ADDRESS 5520 SW 162ND CT
CITY-ST-ZIP MIAMI FL 33185

TITLE MGRM
NAME DOCAMPO, MARIA C ☐ Delete
STREET ADDRESS 5520 SW 162ND CT
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (305) 633-8587
Date Daytime Phone # EX-100

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90204 033 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)