

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 90713 028 ***150.00

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/5/21

DOCUMENT # F 93484	
1. Entity Name ACTION LINE TRANSPORT INC.	

DO NOT WRITE IN THIS SPACE

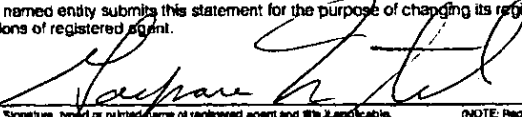
55044808

2. Principal Place of Business 4595 NW 89 th AVENUE	3. Mailing Address 19100 SW 50 th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MEDLEY FL.	City & State FT. LAUDERDALE FL.
Zip 33178	Country DADE
Zip 33332	Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2211315	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name GASPARO MUTOLO	
	Street Address (P.O. Box Number is Not Acceptable) 19100 SW 50 th STREET	
	City FT. LAUDERDALE	Zip Code FL 33332

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 5/27/03

FEE IS \$81.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MUTOLO GASPARO 19100 SW 50 th ST. FT. LAUDERDALE, FL. 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE 	GASPARO MUTOLO	4/29/03	905-885-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #