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)

5/5/2(

DOCUMENT # F 93484

1. Entity Name
ACTION LINE TRANSPORT INC.

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55044808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9595 NW 89th AVENUE	19100 SW 50th 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: GASPARE MUTOLO

Street Address (P.O. Box Number is Not Acceptable): 19100 SW 50TH STREET

City: FT. LAUDERDALE FL Zip Code: 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: [signature] 5/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 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 P.		TITLE	
NAME MUTOLO GASPARE		NAME	
STREET ADDRESS 19100 SW 50th ST.		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL. 33332		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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: [signature] GASPARE MUTOLO 4/29/03 305-885-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #