

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90075 023 \*\*\*150.00

**DOCUMENT #** K35355  
**1. Entity Name**  
 BMB TRANSPORTATION, INC.

N/C 05/01/2000  
 ✓ (TK)

**Principal Place of Business** **Mailing Address**  
~~601 BRICKELL KEY DR. #802~~ ~~601 BRICKELL KEY DR. #802~~  
~~MIAMI, FL. 33131~~ ~~MIAMI, FL. 33131~~

**2. Principal Place of Business** **3. Mailing Address**  
 1110 BRICKELL AVE. #430 1110 BRICKELL AVE. #430  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 430 430  
 City & State City & State  
 MIAMI, FL. MIAMI, FL.  
 Zip Country Zip Country  
 33131 USA 33131 USA

**4. FEI Number** 65-0222982 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
~~VAZQUEZ, GERARDO~~  
~~601 BRICKELL KEY DR. #802~~  
~~MIAMI, FL. 33131~~

**7. Name and Address of New Registered Agent**  
 Name **RAFAEL MCCAUSLAND**  
 Street Address (P.O. Box Number is Not Acceptable) **1110 BRICKELL AVE., #430**  
 City **MIAMI** **FL** Zip Code **33131**

**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** RAFAEL MCCAUSLAND-PRESIDENT 4/24/01  
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.** ☒ **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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- VAZQUEZ, GERARDO A. ESQ. 501 BRICKELL KEY DR. #407 MIAMI, FL. 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCCAUSLAND, RAFAEL 1110 BRICKELL AVE. #430 MIAMI, FL. 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** RAFAEL MCCAUSLAND-PRESIDENT 4/23/01 305-957-1526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #