

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54612

1. Entity Name

B & L TRANSPORT OF MIAMI, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90095 037 ***150.00

Principal Place of Business

1650 N.W. 94 AVENUE
MIAMI FL 33172
US

Mailing Address

1650 N.W. 94 AVENUE
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0090336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBEITE, LAZARO
2011 NW 88 PLACE
MIAMI FL 33172

Name

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

1650 N.W. 94 Ave

City

Miami

FL

Zip Code

33172

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BARBEITE, LAZARO
STREET ADDRESS 2720 S.W. 118TH AVE.
CITY-ST-ZIP MIAMI FL 33175

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

TITLE STD ☐ Delete
NAME BARBIETE, BERTHA C
STREET ADDRESS 2720 S.W. 118TH AVE.
CITY-ST-ZIP MIAMI FL 33175

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/01

Date

(305) 593-2333

Daytime Phone #

CR2E034 (10/00)