

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-20-2001 90019 035 ***150.00

DOCUMENT # P00000034033

1. Entity Name

H. M. TRANSPORT, INC.

Principal Place of Business

Mailing Address

2626 21ST AVENUE, S E
 RUSKIN FL 33570

2626 21ST AVENUE, S E
 RUSKIN FL 33570

2. Principal Place of Business

2626 21st Ave. S.E.

3. Mailing Address

2626 21st Ave. S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ruskin, Florida

City & State

Ruskin, Florida

4. FEI Number

59-2279243

Applied For

Not Applicable

Zip
 33570

Country

U.S.A.

Zip
 33570

Country
 U.S.A.

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

MEZA, BENITA
 2642 21ST AVENUE, S E
 RUSKIN FL 33570

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	President	<input type="checkbox"/> Delete
NAME	Benita Meza	
STREET ADDRESS	2642 21st Ave. SE	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Hector Meza	
STREET ADDRESS	2642 21st Ave. SE	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Benita Meza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

813-645-4813

Daytime Phone #

CR2E034 (10/00)