## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## **FILED** May 22, 2002 8:00 am Secretary of State P00000036341 DOCUMENT # 1. Entity Name I-GO TRANSPORTATION SVC. INC. 05-22-2002 90072 008 \*\*\*150.00 Principal Place of Business Mailing Address 10564 SW 161ST PL. 10564 SW 161ST PL. MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0971749 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZELEZ, RODRIGO Address (P.O. Box Number is Not Accepta 10564 SW 161ST PL. **MIAMI FL 33196** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete CR2E034 (9/01) TITLE . TITLE GONZALEZ, RODRIGO NAME 10564 SOUTHWEST 161ST PLACE STREET ADDRESS STREET ADDRESS 15566 .SW **MIAMI FL 33196** 33196 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition RUIZ, MARTHA NAME NAME 10564 SOUTHWEST 161ST PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is