

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

02-08-2001 90161 028 ***150.00

DOCUMENT # P00000046118

1. Entity Name

ODY-CHRIS TRANSPORT, INC.

Principal Place of Business

**1401 W. 29 ST. LOT 40-B
HIALEAH FL 33012**

Mailing Address

**1401 W. 29 ST. LOT 40-B
HIALEAH FL 33012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-1031243

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

**CRUZ, MARTA
398 E. 41 ST
HIALEAH FL 33013**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** **President** ☒ Delete
NAME **MARTA CRUZ**
STREET ADDRESS **398 E 41 ST**
CITY-ST-ZIP **HIALEAH - FL 33012**

TITLE **P** **Rafael Castillo** ☒ Change ☒ Addition
NAME **RAFAEL CASTILLO**
STREET ADDRESS **1401 W 29 ST LOT 40B**
CITY-ST-ZIP **HIALEAH - FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **(X)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
Doc# 000000046118

10363

RUFINO A. CASTILLO ITF RAMON CASTILLO 1401 W. 29th St. Lot 40b Hialeah, FL 33012		501723 2146	
DATE <u>2-5-01</u>		63-843/670 BRANCH 00765	
PAY TO THE ORDER OF <u>DEPT OF STATE</u>		\$ <u>150.00</u>	
<u>Division of Corporations.</u>			
<u>Cuenta Concorde</u>		DOLLARS <input checked="" type="checkbox"/> <small>For funds features see enclosed Details on back</small>	
FIRST UNION First Union National Bank R/T 067006432		Organized Banking®	
FOR <u>65-1031243</u>		<u>Rufino Castillo</u>	
⑆067006432⑆⑆6765003⑆3785⑆		⑆2146⑆⑆0000015000⑆	

HARLAND 1998

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

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BANK OF AMERICA, N.A. JAX
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