

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90378 019 ***150.00

0078001 AV

DOCUMENT # P00000048931

1. Entity Name

NEW LINE AUTO TRANSPORT, INC.

Principal Place of Business

**2691 S.W. 134TH COURT
 MIAMI FL 33175**

Mailing Address

**2691 S.W. 134TH COURT
 MIAMI FL 33175**

2. Principal Place of Business

510 EAST 50 ST.

3. Mailing Address

510 EAST 50 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

65-1009740

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

33013

Country

USA

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

AVILA, IGNACIO

**2691 S.W. 134TH COURT
 MIAMI FL 33175**

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, 2002 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 **AVILA, IGNACIO**
 STREET ADDRESS **2691 S.W. 134TH COURT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **PD** ☒ Change ☐ Addition
 NAME **AVILA, IGNACIO**
 STREET ADDRESS **510 EAST 50 ST.**
 CITY-ST-ZIP **MIAMI FL 33013**

TITLE **VD** ☒ Delete
 NAME **AVILA, ULISES**
 STREET ADDRESS **2691 S.W. 134TH COURT**
 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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGNACIO AVILA
PRESIDENT

Date

Daytime Phone #

04/04/02 (205) 681-4932

CR2E034 (9/01)