## 2/1

			NESS REPO	FILED Mar 02, 2001 8:00 am				
DOCUMENT # P0000051211						Secretary of State		
		TRANSPORT, INC.				02-14-2001 90008 020		
Principal Place of Business 91 CEDAR LN BOYNTON BEACH FL 33436			Mailing Address PO BOX 470822 LAKE MONROE FL 32747		# (MAG 15) 180 180; 9	Sikt bûsti berli berli derik êksti kirib jir		
2. Principal Place of Business 91 Cedar LN Suite, Apt. #, etc.			3. Mailing Address P.o. Box 470822 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State			City & State			-1010839	Applied For	
Boyr		BEACH FL Country	Zip Zip	Country	4. FERTISINOS (I)		Not Applicable Additional	
334			32747	Country	Certificate of Status     Name and Address	Desired Fee Required Agent	Additional . uired	
6. Name and Address of Current Registered Agent  Name  Name  HGA					ATHER LEE			
					s (P.O. Box Number is Not /			
MAI	ILANU PL	32/51		City Sac	Plantation Food	Lakes Circle	<u>େ</u> ୨୦୯୬ ପ୍ର	
8. The above	e named entit	y submits this statement for	the purpose of changing its	registered office or regis	lered agent, or both, in the	State of Florida.		
SIGNATURE		THER LEE-	VIDOT "Tre	ERSURRE E: Registered Agent signature requi	d when reinstating)	Desvidot 2	12/01	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001  Make Check Payable				III FEE IS \$150.00 101 Fee will be \$550.00 ble to Department of S	Trust Fund (		5.00 May Be ded to Fees	
11.	Presi	OFFICERS AND D	D Dalota	12.	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTO		
NAME STREET ADDRESS CITY - ST - ZIP	man	serrate Vido Jilson Blod	nt Jr = = = = = = = = = = = = = = = = = =	NAME STREET ADDRESS CITY-ST-ZIP			ED34 (10/00)	
TITLE NAME STREET ADDRESS	Vice- Glad	President 1	☐ Delete	TITLE NAME STREET ADDRESS		Chang	pe Addition	
CITY-ST-ZIP	cent			CITY-ST-ZIP		•		
TITLE NAME STREET ADDRESS	Health	tery / Treasur ec Lee-Vidot lantation Lake	. خ	NAME STREET ADDRESS	:	☐ Chang	e Addition	
CITY-ST-ZIP	Sanf			- CITY-ST-ZIP TITLE		Chang	e 🗍 Addition	
NAME STREET ADDRESS CITY+ST-ZIP			L bear	NAME STREET ADDRESS CITY-ST-ZIP	٠.	المسالة المسالة	2 Addition	
TITLE NAME			☐ Delete	TITLE		Chang	e 🗍 Addition	
STREET ADDRESS CITY-ST-ZIP		~~~		STREET ADDRESS CITY-ST-ZIP		-		
TITLE NAME STREET ADDRESS			☐ Osleta	DTLE NAME STREET ADORESS		Change	e Addition	
CITY-ST-ZIP				• i				
	conib. that the	information amounted with	this files do 17 1	CITY-ST-ZIP	**************************************	Charles 18 discuss 12 discuss		
13. I hereby of indicated			vered to execute this report : ith all other like empowered.	the exemption stated in S ny signature shall have the	Section 119.07(3)(i). Florida e same legal effect as if mai 17, Florida Statutes; and tha	Statutes. I further certify that the de under oath; that I am an officit my name appears in Block 11	a information er or director or Block 12 if	