## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000054593 K & M TRANSPORT, INC. 05-16-2001 90370 040 \*\*\*150 00 Principal Place of Business Mailing Address 4943 E. HILLSBOROUGH AVE., LOT 82 4943 E. HILLSBOROUGH AVE., LOT 82 AUU56311 **TAMPA FL 33610** TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. # DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1317 BAY Applied For City & State 65604 wes lex Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROHASKA, ALFREDO 4943 E. HILLSBOROUGH AVE., LOT 82 **TAMPA FL 33610** 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 agent and time applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00 ☐ Change Addition | TITI F ■ Delete TITLE PROHASKA, ALFREDO NAME NAME 4943 E. HILLSBOROUGH AVE., LOT 82 STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** CITY-ST-ZIE CITY-ST-ZIP X Change ☐ Addition oppice h Delete TITLE TITLE P. Anales PROHASKA, ANABEL NAME NAME 1317 BAY THORN DA 4943 E. HILLSBOROUGH AVE., LOT 82 STREET ADDRESS STREET ADDRESS wesley Chance PL TAMPA FL 33610 CITY-ST-ZIE CITY-ST-ZIP Change Addition Delete\_ TITLE Jose I homen NAME NAME 1317 BAUTHORN DA STREET ADDRESS STREET ADDRESS 33543 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 enter like empowered.

OR DIRECTOR

FILED