

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90030 042 ***158.75

DOCUMENT # P00000055922

1. Entity Name
BACA TRANSPORT, CORP.

Principal Place of Business Mailing Address
2418 NE 30TH ST. 2418 NE 30TH ST.
MIAMI FL 33142 MIAMI FL 33142

C0043103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2418 NW 30th ST.** 3. Mailing Address **2418 NW 30th ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **MIAMI, FL** City & State **MIAMI, FL**
 Zip **33142** Country **USA** Zip **33142** Country **USA**

4. FEI Number **65-1037056** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BACA, LEONEL G
2418 NE 30TH ST.
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name **LEONEL G. BACA**
 Street Address (P.O. Box Number is Not Acceptable)
2418 NW 30TH STREET
 City **MIAMI** FL Zip Code **33142**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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President.
Leonel G. BACA
2418 NW 30TH STREET
MIAMI, FL 33142

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

04-04-01 **305/638-5366**
 Date Daytime Phone #

CR2E034 (10/00)