

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 019 ***150.00

DOCUMENT # **P00000056391**

1. Entity Name
JOEY'S TRANSPORT, INC

DO NOT WRITE IN THIS SPACE

830682

2. Principal Place of Business
5850 SW 32 ST
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
DAVIE FL
Zip
33314 Country

4. FEI Number
65-1015066 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

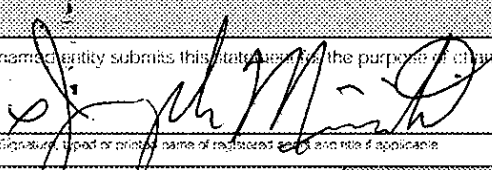
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph E Minniti
Street Address (P.O. Box Number is Not Acceptable)
5850 SW 32 ST
City
DAVIE FL Zip Code
33314

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 registering) DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so:
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

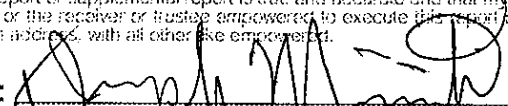
10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD JOSEPH E MINNITI 5850 SW 32 ST DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY ST ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like employment.

SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone