

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056908

1. Entity Name
LIGHTING TRANSPORT ENTERPRISES CO.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90019 040 ***150.00

Principal Place of Business 11500 N.W. SOUTH RIVER DR. STE. 8 MEDLEY FL 33178	Mailing Address 11500 N.W. SOUTH RIVER DR. STE. 8 MEDLEY FL 33178
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2. Principal Place of Business 11500 NW South River Drive #8	3. Mailing Address Pobox 126635
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City & State Medley FL	City & State Hialeah FL	4. FEI Number 65-1019113	Applied For Not Applicable
Zip 33178	Country USA	Zip 33012	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DIEPPA, JORGE 11500 N.W. SOUTH RIVER DR. STE. 8 MEDLEY FL 33178	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Jorge D. Dieppa - Jorge D. Dieppa DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIEPPA, JORGE 11500 N.W. SOUTH RIVER DR., STE. 8 MEDLEY FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINARES, OMAR 11500 N.W. SOUTH RIVER DR., STE. 8 MEDLEY FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jorge D. Dieppa Jorge D. Dieppa 305-308-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)