FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079285

1. Entity Name

BETTER TRANSPORTATION INC.

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FILED

03 MAY -2 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000017818060
05/01/03--01029--005 **150.00

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2. Principal Place of Business	3. Mailing Address
7800 N W 174 terrace	SAME.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL.	City & State
Zip: 33015 Country	Zip Country

4. FEI Number 651020208 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CELESTINO HIDALGO

Street Address (P.O. Box Number is Not Acceptable)

7800 N.W. 174 terrace

City: HIALEAH FL Zip Code: 33015

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: [signature] 04/22/03

Signature, typed or printed name of individual and title if applicable (If CR, Registered Agent signature required when reinstating) 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 $550.00
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	PRESIDENT
NAME	CELESTINO HIDALGO
STREET ADDRESS	7800 N.W. 174 TER.
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	V.P.
NAME	ROBERTO LEON
STREET ADDRESS	10800 S.W. 72ST #176
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	MELENDEZ MITZA E.
STREET ADDRESS	10800 S.W. 72ST # 176
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/22/03 (305)8250214

OFFICER OR DIRECTOR Date Daytime Phone #

01 5/5