## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State P00000060362 DOCUMENT # 1. Entity Name 09-16-2002 90097 017 \*\*\*150.00 LEWINS TRANSPORT INC. Mailing Address Principal Place of Business P.O. BOX 920 P.O. BOX 920 FT. LAUDERDALE FL 33302 FT. LAUDERDALE FL 33302 DEPARAME 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 10/t City & State 4. FEI Number Applied For City & State 65-0972978 loud. Not Applicable Country \$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 \_\_\_\_\_ HICKS, ROBBIE J Street Address (P.O. Box Number is Not Acceptable) 1607 S.W. 11 COURT APARTMENT #3 FORT LAUDERDALE FL 33312 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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. ÓR2E034 (4/02) Addition Change TITLE ☐ Delete TITLE HICKS, ROBBIE J NAME NAME 1607 S.W. 11 COURT #3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE LEWIN, HUGH R NAME NAME 6320 S.W. 19 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

AHa Chment # pood00060362

LEWINS TRANSPORT P.O. BOX 920

Fort Lauderdale, FL. 33302

Office #: (954) 731-832 Fax#: (954) 731-8454

Email: Robiegee@aol.com

9/8/2002

-To-Whom It May Concern: ...

I am writing this letter to inform the Department of State that I did not receive my Uniform Business Report. When I did call, someone said they would make sure that it was sent out to my address. I did not receive such information until the 3<sup>rd</sup> week of July well after the June 7, deadline. I am a very prompt person when it comes to making payments to the Government because I do not like to incur penalties.

Please help straighten out this matter. I can be reached at anytime at the above numbers.

Sincerely

Robbié Hicks

Vice-President

Hugh Lewin

Owner/President

Hugh Lew

Charles Williams Please hely straighten or this menter havin be muched at any time of the