

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90211 004 ***150.00

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DOCUMENT # P00000063265

1. Entity Name
KIMBERLY TRANSPORT CORPORATION



Principal Place of Business
**270 NW 71 AVE #7
MIAMI FL 33126**

Mailing Address
**270 NW 71 AVE #7
MIAMI FL 33126**



2. Principal Place of Business

270 NW 71 AVE #7

3. Mailing Address

270 NW 71 AVE #7

Suite, Apt. #, etc.

Miami FL

Suite, Apt. #, etc.

Miami FL

City & State

33126

City & State

33126

Zip

Country

USA

Zip

33126

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1035351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AGUILERA, FRANCISCO
270 NW 71 AVE #7
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

N/A.

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

City

FL

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

N/A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **AGUILERA, FRANCISCO**
STREET ADDRESS **270 NW 71 AVE #7**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete
NAME **CHAVES, SANDRA**
STREET ADDRESS **14443 NW 87 PL**
CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03

Date

Daytime Phone #

CR2E034 (10/02)