

5/15/1

FILED**Jun 06, 2001 8:00 am**
Secretary of State

05-15-2001 90075 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000095164**

1. Entity Name

V.P. TRANSPORT, INC.

Principal Place of Business

1127 SW WHISPER RIDGE TR
PALM CITY FL 34990

Mailing Address

1127 SW WHISPER RIDGE TR
PALM CITY FL 34990

2. Principal Place of Business

1127 SW WHISPER RIDGE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 520

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY FL

City & State

WINDERMERE FL

4. FEI Number

65-1048339

Applied For

Not Applicable

Zip

34990

Country

MARTIN

Zip

34786

Country

ORANGE

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, FERNANDO

1127 SW WHISPER RIDGE TR
PALM CITY FL 34990

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	ARNALDO PEREZ
STREET ADDRESS	7973 WELLSMERE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	FERNANDO VALDES
STREET ADDRESS	1127 SW WHISPER RIDGE TR.
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)