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

**DOCUMENT #** 

P00000095792

P & P EXECUTIVE TRANSPORTER, INC.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



## **FILED** Jun 04, 2003 8:00 am Secretary of State

06-04-2003 90094 035 \*\*\*150.00

771	

Principal Place of Business 4859 SW 152ND COURT B MIAMI FL 33185		4859 SV B	Mailing Address 4859 SW 152ND COURT B MIAMI FL 33185			) 124/124 (H. 26/1) 48/1/ 68/1/ 68			
2. Principal Place o	f Business	3. Mailin	3. Mailing Address						
Suite, Apt. #, etc	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	ate City & Sta			/ & State 4.		FEI Number 65-1047823	Trac address		plied For at Applicable
Zip	Country	Zip		Country	5.	Certificate of Status Desired		<b>\$8.75</b> Add Fee Required	
6.	Name and Address of Currer	t Registered	Agent			Name and Address of New R	egistered A	gent	
541 H 1 15 H 1 541	**			Name		i			
PAULHEIM, PAUL 14819 SW 45TH LANE				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 3318	5			City			<u></u>	Zip Code	<del></del> _
	·			City			FL	ZID Code	
the obligations of	d entity submits this statement f registered agent.  re, typed or printed name of registered age			egistered office			DATE	amiliar with, a	and accept
After May Make Check Paya	IOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 able to Florida Department	of State				9. Election Campaign Fin Trust Fund Contribution	n.	Added	May Be I to Fees
10.	OFFICERS AN	D DIRECTORS		11.	AL.	DDITIONS/CHANGES TO OFF	ICERS AND		<del></del> -
STREET ADDRESS 1481	LHEIM, PAUL 9 SW 45TH LANE /ii FL 33185		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	;			☐ Change	☐ Addition
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	ا المحمد و الدوائد مسمول	•	<b>.</b>	NAME STREET ADDRESS CITY-ST-ZIP			4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12.   hereby certify to	hat the information supplied wi	th this filing do	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption st	ated in Section	119.07(3)(i), Florida Statutes.II	further cert	Change	☐ Addition
indicated on this	s report or supplemental report on or the receiver or trustee em	is true and ac	curate and that my	/ signature shall	have the same	legal effect as if made under o	oath; that I a	m an officer c	or director