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FILED

Sep 06, 2001 8:00 am
Secretary of State

08-13-2001 90145 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100339

1. Entity Name

GEE TRANSPORT INC.

Principal Place of Business

8325 N.W. 30 TERRACE
MIAMI FL 33122

Mailing Address

8325 N.W. 30 TERRACE
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

8325 N.W. 30 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-1053905

Applied For

Not Applicable

Zip

Country

Zip

Country

33122 U.S.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ, OLGA P
7841 N.W. 160TH TERRACE
MIAMI LAKES FL 33016

Name

Gonzalez, Olga P.

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

8325 N.W. 30 TERR.

City

Miami

FL

Zip Code

33122

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: *Olga P. Gonzalez*

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

(NOTE: Registered Agent signature required when reinstating)

8/4/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME GONZALEZ, OLGA P
STREET ADDRESS 7841 N.W. 160TH TERR
CITY-ST-ZIP MIAMI LAKES FL 33016
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Gonzalez, Olga P.
STREET ADDRESS 8325 N.W. 30 TERR.
CITY-ST-ZIP Miami, FL 33122
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Olga P. Gonzalez*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/01 (305) 887-2012

Date

Daytime Phone #

CR2E034 (5/01)