

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
8325 N.W. 30 TERR
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip Country
33122 U.S

4. FEI Number
65-1053905
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, OLGA P
7841 N.W. 160TH TERRACE
MIAMI LAKES FL 33018

7. Name and Address of New Registered Agent
Name
Gonzalez, Olga P.
Street Address (P.O. Box Number is Not Acceptable)
8325 N.W. 30 TERR.
City Miami FL Zip Code 33122

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* (NOTE: Registered Agent signature required when reinstating) DATE: 8/4/01

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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, OLGA P 7841 N.W. 160TH TERR MIAMI LAKES FL 33018	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gonzalez, Olga P. 8325 N.W. 30 TERR. Miami, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 DATE: 8/4/01 (305) 887-2012 Daytime Phone #

CR2E034 (5/01)