

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90174 032 \*\*\*158.75

**DOCUMENT # P00000106929**

1. Entity Name

**BARBARA TRANSPORT, INC.**

Principal Place of Business

10735 SW 3RD STREET #2  
 MIAMI FL 33174

Mailing Address

10735 SW 3RD STREET #2  
 MIAMI FL 33174

2. Principal Place of Business

2441 N.W. 93rd Ave.

3. Mailing Address

2441 N.W. 93rd Ave.

Suite, Apt. #, etc.

Suite 109B

Suite, Apt. #, etc.

Suite 109B

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33172

Country

U.S.A.

Zip

33172

Country

USA

4. FEI Num

65-1095270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POZO, YAIEN

10735 SW 3RD STREET #2  
 MIAMI FL 33174

Name

STAVROULA Mendez

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

2441 N.W. 93rd Ave.

Suite 109B

City

MIAMI

FL

Zip Code

33172

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

*Stavroula Mendez*

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

(NOTE: Registered Agent signature required when reinstating)

03-13-02

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, 2002 Fee will be \$550.00**  
**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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	POZO, YAIEN	
STREET ADDRESS	10735 SW 3RD STREET #2	
CITY-ST-ZIP	MIAMI FL 33174	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, STAVROULA	
STREET ADDRESS	2441 N.W. 93rd Ave. Ste. 109B	
CITY-ST-ZIP	MIAMI, FL. 33172	
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:

*Stavroula Mendez, P.S.T.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-02 (305) 718-3515

Date

Daytime Phone #

CR2E034 (9/01)