

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90098 042 ***150.00

DOCUMENT # P01000002346

1. Entity Name
LAGO-MAR TRANSPORT, INC.



Principal Place of Business
317 N FEDERAL HWY
LAKE WORTH FL 33460

Mailing Address
317 N FEDERAL HWY
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

LAGO-MAR 317 N. FEDERAL

317 N. FEDERAL, HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

LAKE WORTH,

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

65-1063455

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

BARAN, MARIUSZ
317 N FEDERAL HWY
LAKE WORTH FL 33460

Name

SAME

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. Baran

1.16.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARAN, MARK**
STREET ADDRESS **317 N FEDERAL HWY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Mark Baran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.16.03 (561)5405315

Date

Daytime Phone #

CR2E034 (10/02)