

2002 UNIFORM BUSINESS REPORT (UBR)

0342010 AV

DOCUMENT # **P01000025151**

1. Entity Name
ALEX'S TRANSPORT, INC.

FILED

03 MAY -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4350 FOXTAIL LANE 4350 FOXTAIL LANE
WESTON FL 33331 WESTON FL 33331



REINSTATE FEES DO NOT WRITE IN THIS SPACE **02-03**

2. Principal Place of Business 3. Mailing Address
19360 SW 69TH STREET 19360 SW 69TH STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SOUTHWEST RANCHES SOUTHWEST RANCHES
Zip Country Zip Country
33332 BROWARD 33332 BROWARD

4. FEI Number Applied For
02-0682351 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343-ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name **ALEJANDRO BELTRAN**
Street Address (P.O. Box Number is Not Acceptable)
19360 SW 69TH STREET
City **SOUTHWEST RANCHES FL** Zip Code **33332**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BELTRAN, ALEJANDRO 4350 FOXTAIL LANE WESTON FL 33331 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BELTRAN ALEJANDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19360 SW 69TH STREET SOUTHWEST RANCHES FL. 33332.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800018306058 05/06/03--01106--005 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Date **04-02-03** Daytime Phone # **305-819-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)