

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
**4350 FOXTAIL LANE
WESTON FL 33331**

Mailing Address
**4350 FOXTAIL LANE
WESTON FL 33331**



REINSTATE REPORT
DO NOT WRITE IN THIS SPACE
02-03

2. Principal Place of Business
19360 SW 69TH STREET

3. Mailing Address
19360 SW 69TH STREET

City & State
SOUTHWEST RANCHES

City & State
SOUTHWEST RANCHES

4. FEI Number
02-0682351

Applied For
Not Applicable

Zip
33332

Country
BROWARD

Zip
33332

Country
BROWARD

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

**SPIEGEL & UTRERA, P.A.
343-ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BELTRAN ALEJANDRO 19360 SW 69TH STREET SOUTHWEST RANCHES FL. 33332.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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** 305.819155 DAYTIME PHONE #

CR2E034 (9/01)