

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

DOCUMENT # **P01000029680**

1. Entity Name

Royal Palm Transport, Inc

FILED

02 JUL 16 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4062 123RD Trail N

3. Mailing Address

4062 123RD Trail N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

City & State

Royal Palm Beach FL

4. FEI Number

65-1100868

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE L. RODRIGUEZ

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

4062 123RD TRAIL N

City

Royal Palm Bch FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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

Jose L. Rodriguez

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

(NOTE: Registered Agent signature required when appointing)

DATE

7-11-02

9. This Corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

CEO

NAME

JOSE L. RODRIGUEZ

STREET ADDRESS

4062 123RD TRAIL N

CITY- ST- ZIP

ROYAL PALM Bch FL 33411

TITLE

PRESIDENT

NAME

KOBINA A. HUDSON

STREET ADDRESS

10549 SUNRISE TERRACE DR

CITY- ST- ZIP

ORL FL 32825

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kobina A. Hudson

KOBINA A. HUDSON / President

7-11-02

407 249-9220

Jose Rodriguez

CEO

7-11-02

561-798-6561

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

js 7/11/02