

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91347 002 \*\*\*150.00

**DOCUMENT #** P01000033044 ✓

**1. Entity Name**

Galloway Transport, Inc

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

325 Circle Dr

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hialeah, FL

City & State

**4. FEI Number**

61-1413839

Applied For

Not Applicable

Zip 33010

Country US

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Jorge Alvarez

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

325 Circle Dr

Hialeah, FL

City

FL

Zip Code

33010

**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**

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

Roberto Blanco - President

5-15-02

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 \$81.25**

**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** P-V-S-T  
**NAME** Roberto Blanco  
**STREET ADDRESS** 325 Circle Dr  
**CITY-ST-ZIP** Hialeah, FL 33010

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**DO NOT WRITE  
IN THIS SPACE**

**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 supplement thereto 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-02 (305) 345-3782

CR2E034B (12/01)