

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90044 025 ***150.00

DOCUMENT # P01000046877

1. Entity Name

K & K TRANSPORT ENTERPRISES, CORP.

Principal Place of Business

**1755 WEST 60TH ST.
 #D111
 HIALEAH FL 33012**

Mailing Address

**1755 WEST 60TH ST.
 #D111
 HIALEAH FL 33012**

2. Principal Place of Business

6500 SW 160 COURT

Suite, Apt. #, etc.

3. Mailing Address

6500 SW 160 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33193

Country

City & State

MIAMI FL

Zip

33193

Country

4. FEI Number

EIN 65-1102357

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

**GIRALDO, JOSE A
 1755 WEST 60TH ST.
 #D111
 HIALEAH FL 33012**

Name

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$558.00
 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 ☐ Delete
 NAME **PD GIRALDO, JOSE A**
 STREET ADDRESS **1755 WEST 60TH ST. #D111**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
 NAME **SVD GIRALDO, MARIA F**
 STREET ADDRESS **1755 WEST 60TH ST. #D111**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE A. GIRALDO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/02
 Date

(305) 884 7028
 Daytime Phone #

CR2E034 (9/01)