

2002 UNIFORM BUSINESS REPORT (UBR)

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

City & State
MIAMI FL
Zip 33193

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

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

7. Name and Address of New Registered Agent

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 \$556.00
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 PD Delete
NAME GIRALDO, JOSE A
STREET ADDRESS 1755 WEST 60TH ST. #D111
CITY-ST-ZIP HIALEAH FL 33012

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVD Delete
NAME 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/02

(305) 884 7028

Date

Daytime Phone #

CR2E034 (9/01)