

2002 UNIFORM BUSINESS REPORT (UBR)

1002

DOCUMENT # P01000053920

1. Entity Name

MUKY TRANSPORT, INC.

FILED

02 NOV 20 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

12900 SW 192ND STREET
MIAMI FL 33177

Mailing Address

12900 SW 192ND STREET
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1108036

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOURZAC, CAMILO
12900 SW 192ND STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

07/15/02

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

☐

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BOURZAC, CAMILO
12900 SW 192ND STREET
MIAMI FL 33177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

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☐ Change ☐ Addition

TITLE
NAME
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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(5)(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

Date

Business Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST JAINES STREET
TALLAHASSEE, FL. 32399

MIAMI NOVEMBER 14TH, 2002
RE: MUKY TRANSPOT, INC.
ANNUAL REPORT 2002
PO1000053920

ATTN: MICHELLE MILLIGAN

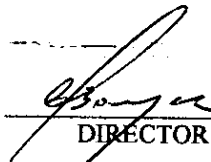
DEAR MADAM:

AS PER A TELEPHONE CONVERSATION WITH THE DIVISION OF CORPORATION DEPARTMENT TODAY, I AM WRITING THIS LETTER TO YOU TO INFORM THAT I SENT MY ANNUAL REPORT ON TIME AT THE BEGINNING OF THE YEAR WITH THE PERTAINING CHECK. IT WAS RETURNED TO ME FOR A SIGNATURE, I SIGNED AND RETURNED IT BACK TO YOU. YET I WAS INFORMED TODAY THAT MY CORPORATION WAS INACTIVE.

I CALLED YOUR DEPARTMENT AND EXPLAINED WHAT OCCURRED, I WAS INDICATED TO WRITE THIS LETTER AND ADDRESSE IT TO YOU WITH THE EXPLANATION. ENCLOSED IS A COPY OF THE CHECK THAT WAS CASHED BY THE DEPARTMENT FOR MY ANNUAL FEE REPORT.

I WOULD REALLY APPRECIATE IF YOU COULD, KINDLY, ACTIVATE MY CORPORATION AS SOON AS POSSIBLE. I AM REALLY SORRY FOR THE INCONVINIENT DERIVE BY THIS SITUATION AND REALLY THANK YOU FOR YOUR ATTENTION AND CONSIDERATION.

RESPECTFULLY,


DIRECTOR