2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P01000055812 1. Entity Name 04-11-2002 90031 010 ***150.00 A&D TRANSPORT, INC. Principal Place of Business Mailing Address 2221 SW 35TH AVE 2221 SW 35TH AVE FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FE! Number City & State 65 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired ____ _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01 Change ☐ Delete TITLE TITLE NAME DIAZ. ALFREDO NAME STREET ADDRESS STREET ADDRESS 2221 SW 35TH AVE FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME DIAZ. EUSEBIA STREET ADDRESS STREET ADDRESS 2221 SW 35TH AVE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33312 ☐ Delete = = -- Addition TITLE -- '=-TITLÈ= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 In an address, with all other like empowered

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #