

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90749 003 \*\*\*150.00

**DOCUMENT # P01000072412**

1. Entity Name  
**U.S. QUALITY TRANSPORT & TRADE, INC.**



Principal Place of Business  
**8235 NW 64TH STREET  
BAY 1  
MIAMI FL 33166  
US**

Mailing Address  
**8235 NW 64TH STREET  
BAY 1  
MIAMI FL 33166  
US**

2. Principal Place of Business  
**8215 NW 64TH STREET  
Suite, Apt. #, etc.  
BAY 3**

3. Mailing Address  
**8215 NW 64TH STREET  
Suite, Apt. #, etc.  
BAY 3**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33166**  
Country  
**U.S.A.**

City & State  
**MIAMI FLORIDA**  
Zip  
**33166**  
Country  
**U.S.A.**

4. FEI Number  
**65-1125794**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

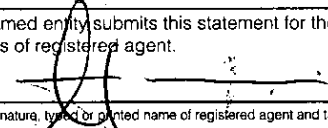
☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SALAZAR, ALONSO  
8235 NW 64TH STREET  
BAY 1  
MIAMI FL 33166**

Name  
**SALAZAR, ALONSO**  
Street Address (P.O. Box Number is Not Acceptable)  
**8215 NW 64TH STREET  
BAY 3**  
City  
**MIAMI** FL Zip Code  
**33166**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SALAZAR, ALONSO  
8235 NW 64TH STREET BAY 1  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director of Operations  
Tessie Marie Noya  
1401 NW 123 Terrace  
Pembroke Pines, FL 33026** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8215 NW 64 ST. BAY 3  
MIAMI FL. 33166** ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03.06.03 (305) 5911966**

Date

Daytime Phone #

CR2E034 (10/02)