

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90088 008 \*\*\*150.00

**DOCUMENT # P01000079311**

1. Entity Name  
**YOUR TRANSPORTATION, INC.**

Principal Place of Business

**4504 NW 23 AVE  
 MIAMI FL 33142**

Mailing Address

**4504 NW 23 AVE  
 MIAMI FL 33142**

2. Principal Place of Business

**MIAMI, Florida**

3. Mailing Address

**4504 NW 23 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**4504 NW 23 AVE**

City & State

**MIAMI FLA**

Zip **33142**

Country **USA**

Zip **33142**

Country **USA**

4. FEI Number

**650615649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KENDRICK, GREGORY  
 4504 NW 23 AVE  
 MIAMI FL 33142**

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 reinstating)

DATE

**9/09/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PVST** ☐ Delete  
 NAME **KENDRICK, GREGORY**  
 STREET ADDRESS **4504 NW 23 AVE**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete  
 NAME **KENDRICK, GREGORY**  
 STREET ADDRESS **4504 NW 23 AVE**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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 REQUIRED GREGORY KENDRICK**

Date

Daytime Phone #

**9/09/02 6350774**

CR2E034 (4/02)

Attachment.

# PO1000079311

**Your Transportation**

**(305) 635-0774**

**(305) 773-1713**

To whom concerned

--- I, GREGORY KENDRICK DID NOT GET A UNIFORM  
BUSINESS REPORT IN MAY OF 2002 IN THE MAIL.  
CONVERSATION I had on the phone with A clerk  
in your Department, ASK that I write, AND HAVE IT  
NOTICED AND SIGN

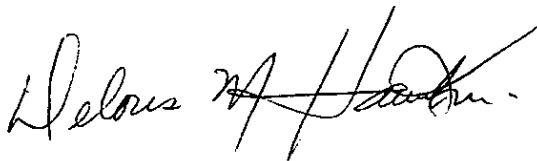
Thank you

GREGORY KENDRICK

  
PRESIDENT



Deloris M. Hawkins  
MY COMMISSION # CC891183 EXPIRES  
November 30, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

  
Deloris M. Hawkins