

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90824 035 ***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
4504 NW 23 AVE
Suite, Apt. #, etc.

3. Mailing Address
4504 NW 23 AVE
Suite, Apt. #, etc.

City & State
MIA FL

City & State
MIA FLA

Zip
33142

Country
DATE

Zip
33142

Country
DATE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0615649

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: Gregory Kendrick
Street Address (P.O. Box Number is Not Acceptable)
4504 NW 23 AVE
City: Miami FL Zip Code: 33142

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] DATE: 4/26/03
(NOTE: Registered Agent signature required when reinstating)

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	PVST KENDRICK, GREGORY 4504 NW 23 AVE MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, GREGORY 4504 NW 23 AVE MIAMI FL 33142 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] DATE: 4/26/03 305 7731743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)