FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Poloo09241)

1. Entity Name

C&BAUTO TRANSPORT, INC



FILED

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DO NOT WRITE IN THIS SPACE 2. Principal Place of Business SSS I M. VECRET R. R.D. 3. Maning Address Suite Act. # rec. DO NOT WRITE DO NOT WRITE DO NOT WRITE NITHIS SPACE DO NOT WRITE NITHIS SPACE DO NOT WRITE NITHIS SPACE DO NOT WRITE NOT DO NOT WRITE NITHIS SPACE DO NOT WRITE NOT DO NOT WRITE N	<u> </u>	D UA 10 11SHE	25020151,1W	C .	185	SECRETARY OF TALLAHASSEE.	STATE		
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DO NOT WRITE IN THIS SPACE SIGNATURE January 1: May 1 feet is \$150.00 Armended UBR is \$15.00 Arme	Suite, Apt.	7010 MODD 11V							
Section Sect	City & Stat	e		<u> </u>		4. FEI Number 50, 27,211	1O		
Name	Zip			Country	`	5. Certificate of Status Desired		5 Additional	
The above named critity submits this statement for the purpose of changing its registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent of the obligations of registered agent. 8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am tramilier with, and accept the obligations of registered agent, or both, in this State of Florida, I am t	<u> </u>	T VV-V3///	33143	产 (利益/等)		7. Name and Address of Current Reg		<u> </u>	
### PRESIDENT FOR PRESIDENT FO	DO NOT WOITE						120		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE January 1: May 1: Fee is \$510.00 After May 1: Fee is \$510.	9261					WATER STREET			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Sign	<u> </u>					E 900	F . 7	in Code	
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After May 1. Fee is \$55.00 May Be Annoted UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS CITY-ST-2P DQ NOT WRITE INTLE NAME STREET ADDRESS CITY-ST-2P DQ NOT WRITE INTLE NAME STREET ADDRESS CITY-ST-2P NAME NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME NAME STREET ADDRESS CITY-ST-2P NAME NAME NAME STREET ADDRESS CITY-ST-2P NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signatu	ire required v	when reinstating)	DATE		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 18 204 396-799-842 Daytime Phone 1 4 3 CR2E034B (12/02)