

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91523 031 ***158.75

DOCUMENT # *P01000083041*

1. Entity Name

P.W.F. TRANSPORT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9198 NW 114 St

Suite, Apt. #, etc.

3. Mailing Address

9198 NW 114 St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah Gardens

City & State

Hialeah Gardens

4. FEI Number

05-1132047

Applied For

Not Applicable

Zip

Country

Zip

Country

33018

33018

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ferrer, Virgibil M.

Street Address (P.O. Box Number is not Acceptable)

9198 NW 114 St

City

Hialeah Gardens

FL

Zip Code

33018

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PERRER, WILDE</i>
NAME	<i>9198 NW 114 St.</i>
STREET ADDRESS	<i>Hialeah Garden, Fl. 33018</i>
CITY-ST-ZIP	
TITLE	<i>PERRER, Virgibil M.</i>
NAME	<i>9198 NW 114 St.</i>
STREET ADDRESS	<i>Hialeah Garden, Fl 33018</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

Daytime Phone #