

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-12-2002 90085 014 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094613

1. Entity Name
CKD TRANSPORT, INC

Principal Place of Business

**6231 BENT PINE DRIVE
 APT. 524-A
 ORLANDO FL 32822**

Mailing Address

**6231 BENT PINE DRIVE
 APT. 524-A
 ORLANDO FL 32822**

2. Principal Place of Business

5937 Bent Pine Dr

3. Mailing Address

5937 Bent Pine Dr

Suite, Apt. #, etc.

APT 1427

Suite, Apt. #, etc.

1427

City & State

Orlando, FLORIDA

City & State

ORLANDO, FL

Zip

32822

Country

0

Zip

32822

Country

4. FEI Number

59-3749354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ CARLOS J
 6231 BENT PINE DRIVE
 APT. 524-A
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name

JIMENEZ, CARLOS J.

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

5937 Bent Pine Dr # 1427

City **ORLANDO.**

FL

Zip Code **32822**

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. 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

**PRESIDENT
 CARLOS J. JIMENEZ
 5937 BENT PINE DR # 1427
 ORLANDO, FL 32822**

NONE

NONE

NONE

NONE

NONE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NONE

NONE

NONE

NONE

NONE

NONE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.467-5018

CR2E034 (4/02)