## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO10000 98539

1. Entity Name

JLR TRANSPORT, INC.



## FILED Jun 30, 2003 8:00 am Secretary of State

06-30-2003 90066 011 \*\*\*150.00

	OO NOT WRIT	E IN THIS S	PAC	Nat .			
2. Principal Place of Business 282 W 42 N 3 5 282 W.				.n ST			
<b>282</b> Suite, Apt. #,		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
							1 1 1 10
City & State  HALE	744 FL	City & State  Hi4L24	HiALDAH, PL		4. FEI Number Applied For Not Applied For		
Zip 33012	Country	Country Zip 33012		5. Certificate of Status Desi		sired Sa.75 Additional Fee Required	
Marine Santonia	The state of the s	A STATE OF THE STA	Charles and		7. Name and Address of Cu	rrent Registered A	gent
				Name JESUS LESTA			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS S	PACE	884. 	282	W 42~3. ST.		
				City HiAL		FL	Zig Cgdg 12
	amed entity submits this statement	for the purpose of changing	its registere	ed office or registe	red agent, or both, in the State	of Florida. I am fan	niliar with, and accept
the obligation	ns or registered agent.				1		
SIGNATURE Law Les ta				TESUS Los da 6/26/63 ed Agent signature required when reinstating)  DATE		6/03	
	grature, type or printed name of registered ago ary 1 CMay 1. Fee 1s \$150.00	ent and title if applicable. (N	OTE: Registered	d Agent signature require	d when reinstating)	DATÉ	
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campai Trust Fund Contr	· · · ·	<b>\$5.00</b> May Be Added to Fees
10.	OFFICERS AN	D DIRECTORS	1				
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	474 LAH A 33	302		ST-ZIP			
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NAME 5	LAQUEL LESTA 182 W 42-0-ST.		NAMI	E .			
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CITY-ST-ZIP			CITY-	ST-ZIP		<u></u>	A CONTRACTOR OF THE PROPERTY O
TITLE			TITLE	-		朝福原统 "唯一" (中石市)	· · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

A ESUS LEST PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/26/03

301-823-3453

Daytime Phone #

CR2E034B (