

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90143 023 \*\*\*150.00

0283205  
AV

**DOCUMENT # P01000116334**

**1. Entity Name**  
**BLUEMOON TRANSPORT CO.**



**Principal Place of Business**  
**7900 NW 68 ST.**  
**MIAMI FL 33166**

**Mailing Address**  
**7900 NW 68 ST.**  
**MIAMI FL 33166**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**APPLIED FOR**  
**01-0660472**

Applied For

Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BALLESTAS AND ASSOCIATES, INC.**  
**7730 SE 68 TR**  
**MIAMI FL 33143**

**7. Name and Address of New Registered Agent**

**Name** **COMPLETE CORPORATE SERVICES, INC.**  
**Street Address (P.O. Box Number is Not Acceptable)** **915 MIDDLE RIVER DR. #410**  
**City** **FT. LAUDERDALE** **FL** **Zip Code** **3330X**

**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**

**ACHILLES BALLESTAS, PRESIDENT**

**4-21-03**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **HURTADO DE MENDOZA, ANDRES**  
**STREET ADDRESS** **1750 W 46 ST**  
**CITY-ST-ZIP** **HIALEAH FL 33016**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SD** ☐ Delete  
**NAME** **HURTADO DE MENDOZA, MARTA**  
**STREET ADDRESS** **1750 W 46 ST**  
**CITY-ST-ZIP** **HIALEAH FL 33016**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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** **ACHILLES BALLESTAS** **Andres H. De Mendoza** **4-29-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)