FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90708 034 ***150.00

DOCUMENT # P02000006480

1. Entity Name
ICD Transport INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14024 SW 10 St	14024 SW 10 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33184 Country: USA	Zip: 33184 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3602066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Julio C Deris
Street Address (P.O. Box Number is Not Acceptable): 14024 SW 10 St
City: Miami FL Zip Code: 33184

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: X Julio C Deris President 04/15/03
Signature, typed or printed name of registered agent and title if applicable — Officer, Director if Florida corporation (required when changing agent) — DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	President Julio C Deris 14024 SW 10 St Miami Fl. 33184
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CR2E034B (12/02)

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 electronic 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: X Julio C Deris Julio C Deris President 04/15/03 305-219-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #