FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90159 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007188

10042546

1. Entity Name
P AND O TRANSPORT, INC.

Principal Place of Business	Mailing Address
11051 S.W. 200 ST. APT. 307A MIAMI, FL 33157	11051 S.W. 200 ST. APT. 307A MIAMI, FL 33157

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4926 SW 163 Ave		4926 SW 163 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miramar FL		City & State: Miramar FL	
Zip: 33027	Country:	Zip: 33027	Country:

4. FEI Number: 80-0036825 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ARJOON, OWEN
11051 S.W. 200 ST.
APT. 307A
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name: ARJOON OWEN
Street Address (P.O. Box Number is Not Acceptable): 4926 SW 163rd Avenue
City: MIRAMAR FL Zip Code: 33027

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3-14-03

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POORAN, PARAMNATH 514 MIDDLESEX ST LINDEN, NJ 07036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARJOON, OWEN 11051 S.W. 200 ST. APT. 307A MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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] OWEN ARJOON 3-14-03 954-499-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-347-4244