

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91327 015 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010205			
1. Entity Name D'ACO TRANSPORT, INC.			
Principal Place of Business 7865 WEST 5TH LANE HIALEAH, FL 33014		Mailing Address 7865 WEST 5TH LANE HIALEAH, FL 33014	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 03-0409555		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 REIGOSA, RICARDO 7865 WEST 5TH LANE HIALEAH, FL 33014		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 		DATE	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REIGOSA, ARMANDO	NAME	
STREET ADDRESS	7865 WEST 5TH LANE	STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH, FL 33014	CITY-STATE-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REIGOSA, MARITZA	NAME	
STREET ADDRESS	7865 WEST 5TH LANE	STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH, FL 33014	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 affidavit with all other like empowered.			
SIGNATURE: 		Armando Reigosa 4/20/03 (005) 218-7637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

55042150



OFFEROR (10/02)