

10/2

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 NOV -5 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011130

1. Entity Name

CF Transport Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6985 NW 50 St.

Suite, Apt. #, etc.

3. Mailing Address

8360 W. Flagler St

Suite, Apt. #, etc.

206

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

US

Zip

33144

Country

US

4. FEI Number

02-0592259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

REINSTATEMENT 04

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLOS I POL

Street Address (P.O. Box Number is Not Acceptable)

6985 NW 50 St.

City

MIAMI

FL

Zip Code

33166

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P
CARLOS I. POL
6985 NW 50 ST
MIAMI, FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

600042523876
11/05/04-01052-001 **150.00

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 on an attachment with an address with a home like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04 305.228-1480
Date Daytime Phone #

CR2E034B (12/02)

2062

MANNY G. SOTO, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
FORMER IRS AGENT

MEMBER, AMERICAN INSTITUTE CPA's, CACPA's, NSA

8360 W. Flagler Street., Suite 206
Miami, FL 33144
Ph: 305-225-1592
Ph: 305-225-1492
Fax: 305-225-8502

FILED

04 NOV -5 AM 10: 5

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 16, 2004

Florida Dept of State
Division of Corporations

Dear Florida Dept of State:

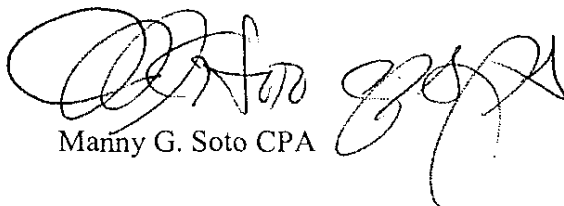
This letter is being written in response to your notice of intent to dissolve
C F TRANSPORT INC.. P02000011130 for the year 2004
the mailing address was 8360 West Flagler street, Suite #206.
Miami, FL 33144

The taxpayer became aware of this as a result of having received this notice.
He never received the original UBR for 2004, and as a result he did not file it on time.

We are asking for a waiver of the additional \$400.00 fee since the taxpayer did not
receive the original notice to file UBR for 2004.

We are enclosing the UBR for 2004 along with a check for \$150.00

Sincerely,


Manny G. Soto CPA