

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

DOCUMENT # P02000017438.

1. Entity Name

JPD TRANSPORT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 PM 3:54

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20790 SW 129 place

Suite, Apt. #, etc.

3. Mailing Address

20790 SW 129 place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

miami, FL

City & State

miami, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip 33177

Country

Zip 33177

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Juan Pablo Diago

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

20790 SW 129 place

City

miami

FL

Zip Code

33177

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IN THIS SPACE**

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/04

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

D., PRESIDENT
JUAN PABLO DIAGO
20790 SW 129 place
miami, FL, 33177.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000027898160
01/29/04-01066-038 \$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D., VICEPRESIDENT
JULIANA DIAGO
20790 SW 129 place
miami, FL, 33177.

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/04

Date

(305) 971-5466

Daytime Phone #

CR2E034B (12/02)