

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90161 033 ***150.00

DOCUMENT # P02000019141

1. Entity Name
M & A TRANSPORT SYSTEMS, INC.



Principal Place of Business
7001 W 35TH AVENUE APT 148
HIALEAH FL 33018

Mailing Address
7001 W 35TH AVENUE APT 148
HIALEAH FL 33018

2. Principal Place of Business
7001 W 35 AVE
Suite, Apt. #, etc.
148

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State

Zip
33018 **Country**
DADE

Zip **Country**

4. FEI Number
01-0618969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARRERO, MICHEL
7001 W 35TH AVENUE APT 148
HIALEAH FL 33018

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 **Signature, typed or printed name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

01/07/2003
DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **MARRERO, MICHEL**
STREET ADDRESS **7001 W 35TH AVENUE APT 148**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

01/07/2003
Date

(305) 556-4931
Daytime Phone #

CR2E034 (10/02)