

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90280 041 \*\*\*150.00

0335394 AV

**DOCUMENT # P02000031605**

1. Entity Name

**TRIPLE H TRANSPORT, INC.**



Principal Place of Business

**2890 NORTH OAKLAND FOREST DRIVE  
SUITE 105  
OAKLAND PARK FL 33309**

Mailing Address

**2890 NORTH OAKLAND FOREST DRIVE  
SUITE 105  
OAKLAND PARK FL 33309**

**11018810**



2. Principal Place of Business

**6690 NW 38 Drive**

3. Mailing Address

**P.O. Box 121793**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Lauderhill FL**

City & State

**Ft. Lauderdale FL**

4. FEI Number

**75-3029471**

Applied For

Not Applicable

Zip

**33319**

Country

**U.S.A.**

Zip

**33312**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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)

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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete  
NAME **HARRIOTT, DEBON**  
STREET ADDRESS **2890 NORTH OAKLAND FOREST DRIVE #105**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **V** ☐ Delete  
NAME **HAYLE, DENISE D**  
STREET ADDRESS **2890 NORTH OAKLAND FOREST DRIVE #105**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

**Debon Harrriott** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03** **(954)650-3270**

Date

Daytime Phone #

CR2E034 (10/02)