

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90108 008 \*\*\*150.00

002/108 A1

**DOCUMENT # P02000040857**

1. Entity Name

**MOLANO TRANSPORT, INC.**



Principal Place of Business

**6831 N.W. 31ST CIRCLE  
JENNINGS FL 32053**

Mailing Address

**6831 N.W. 31ST CIRCLE  
JENNINGS FL 32053**

2. Principal Place of Business

**6831 NW 31ST CIRCLE**

3. Mailing Address

**11671 LEE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JENNINGS, FLORIDA**

City & State

**BONITA SPRINGS, FL**

4. FEI Number

**01-0667138**

Applied For

Not Applicable

Zip

**32053**

Country

**USA**

Zip

**34135**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCAFF, SONNY**

**215 NE 2ND STREET**

**JASPER FL 32052**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CASTRO, LUCIO C  
6831 N.W. 31ST CIRCLE  
JENNINGS FL 32053** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MOLANO, JUAN CARLOS  
11671 LEE COURT  
BONITA SPRINGS FL 34135** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MOLANO, MARIA ESTELLA  
11671 LEE COURT  
BONITA SPRINGS FL 34135** ☐ Delete

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

TITLE  
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CR2E034 (10/02)

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 OF MARIA E. MOLANO** 1/31/03 239-495-1676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SEC/TMOLANO Date Daytime Phone #