2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # P0200052031 1. Entity Name E. SUAREZ, TRANSPORT, INC.						04-07-2003	90952 (30 ***	150.00	
Principal Plac 914 N UNION DELTONA FL		914 N UNION C	Mailing Address 914 N UNION CIRCLE DELTONA FL 32725							
2. Principal F	Place of Business	3. Malling Addre	3. Malling Address					<u>is II3 es </u>	ED ENION ALON 1834	
Sulte, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State	City & State			FEI Number 02060 925	3		applied For	<u></u>
Zip Country		Zip	Cou	intry	5.	5. Certificate of Status Desired S8.75 Add Fee Required		tditional	1	
	6. Name and Address of (7.	Name and Address of New Re				1
OLIADEZ	<u>المنظمة المنظمة المنظمة (CEDAIN</u>		وميدوي إنجازون	Name		بەشمەت ئىنىشچەسىسىدىن جوشتارەر، ئىنىشارا ت 			·	-
SUAREZ,	EFRAIN HON CIRCLE			Street Address (P.O. Box Number is Not Acceptable)						7
DELTONA FL 32725				ļ ————						7
-				City		·	FL	Zip Co	de	-{
8. The above	named entity submits this state	ement for the purpose of cha	naina its realste	red office or regis	tered ac	gent, or both, in the State of Florid		niliar with	, and accept	-
	ions of registered agent.								•	
SIGNATURE .	Signature, typed or printed name of registr	red agent and title if applicable.	(NOTE: Register	red Agent signature requ	ilred when r	anstaling)	DATE	· ,		
	ILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$!	l l				9. Election Campaign Finan		\$5.0	OO May Be	1
	c Payable to Florida Depart					Trust Fund Contribution.	_ 🗆	Adde	d to Fees	
410.		S AND DIRECTORS	11.		AL	DITIONS/CHANGES TO OFFIC				<u>ا</u> ۾
NAME	PCEO Suarez, Efrain	□ De	riete Titi Nai	,			l	Change	Addition	CR2E034 (10/02)
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CITY-ST-ZIP				1-ST-ZIP						
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NAME			NAM	,]
STREET ADDRESS CITY-ST-ZIP			4	eet adoress St-Zip						}
12. I hereby c	ertify that the information suppl	ied with this filing does not d	ualify for the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I fu	rther certify	that the i	nformation	
indicated of the corr changed.	on this report or supplemental in poration or the receiver or truste or on an attachment with an ad-	report is true and accurate a dempowered to execute the dress, with all after like emi	no that my signa is report as requi powered.	iture shall have thi ired by Chapter 6	e same 07, Florid	legal effect as if made under oat da Statutes; and that my name a	n; that I am ppears in B	an officer lock 10 o	of director Block 11 if	