


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90493 022 ***150.00

DOCUMENT # P02000059729

1. Entity Name
FIVEGRAND TRANSPORT, INC.



Principal Place of Business
19701 SW 87TH AVE
MIAMI FL 33157

Mailing Address
19701 SW 87TH AVE
MIAMI FL 33157



2. Principal Place of Business
10725 SW 216 St
Suite, Apt. #, etc.
UNIT 308
City & State
MIAMI, FL
Zip
33170
Country
USA

3. Mailing Address
10725 SW 216 St
Suite, Apt. #, etc.
UNIT 308
City & State
MIAMI, FL
Zip
33170
Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEJ Number
61-1415846

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

6. Name and Address of Current Registered Agent
RODIRUGEZ, JULIA E
19701 SW 87TH AVE
MIAMI FL 33157

7. Name and Address of New Registered Agent
Name
GUERRA, ARMANDO
Street Address (P.O. Box Number is Not Acceptable)
24651 S.W. 167 Ave
City
MIAMI
FL
Zip Code
33031

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 Armando R. Guerra (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 ☐ **\$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	D GUERRA, ARMANDO 24651 SW 167TH AVE MIAMI FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, JUAN R 9020 CARIBBEAN BLVD MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODIRUGEZ, JULIA E 19701 SW 87TH AVE MIAMI FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Armando R. Guerra **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/15/03 305-259-1067
Date Daytime Phone #

CR2E034 (10/02)