

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90137 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000061762

1. Entity Name
ALL - BOUND TRANSPORTATION, INC.



Principal Place of Business
6941 W 36 AVE #202
HIALEAH, FL 33018

Mailing Address
6941 W 36 AVE #202
HIALEAH, FL 33018

11029832

2. Principal Place of Business
9919 W Okeechobee Rd
Suite, Apt. #, etc.
438
City & State
Hialeah Garden FL
Zip
33016 Country
US

3. Mailing Address
9919 W Okeechobee Rd
Suite, Apt. #, etc.
438
City & State
Hialeah Garden FL
Zip
33016 Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3675674** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Perez, Daniel
6941 W 36 AVE #202
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 *Daniel Perez, Pres.*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	Perez, Daniel	6941 W 36 AVE #202	HIALEAH, FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
Signature and typed or printed name of signing officer or director

4/28/03 786-797-8336
Date Daytime Phone #

CR2E034 (10/02)