

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-19-2003 90118 017 ***150.00
P02000072617

DOCUMENT # P02000072617

1. Entity Name
MAKO TRANSPORT, CO.



FILED

03 MAY -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
551 E 17 ST
HIALEAH FL 33010

Mailing Address
551 E 17 ST
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

3541 E 8ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

Hialeah FL

4. FEI Number

01-0730661

Applied For

Not Applicable

Zip

Country

Zip

33013

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEBO, MICHELLE L
6175 NW 153 ST, STE 229
MIAMI LAKES FL 33014

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
DP
SIVERIO, MIGUEL W
551 E 17 ST
HIALEAH FL 33010

☐ Delete

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.

SIGNATURE:

Miguel Siverio SIVERIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)