

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90070 010 \*\*\*150.00

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

**DOCUMENT # P02000072729**

1. Entity Name  
**MENCHA TRANSPORTATION, INC.**



Principal Place of Business  
350 NE 58TH COURT  
FT. LAUDERDALE, FL 33334

Mailing Address  
350 NE 58TH COURT  
FT. LAUDERDALE, FL 33334

2. Principal Place of Business  
**2512 CLEVELAND ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2512 CLEVELAND ST.**  
Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FL**  
Zip  
**33020**  
Country  
**USA**

City & State  
**HOLLYWOOD, FL**  
Zip  
**33020**  
Country  
**USA**

4. FEI Number  
**01-0731297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DE JESUS GUERRA, ALBEIRO**  
350 NE 58TH COURT  
FT. LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name **JOSEPH K. NOFIL, PA.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3284 N. STATE ROAD 7**  
City **LAUDERDALE** **FL** Zip Code **33319**

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's signature required when reinstating)

DATE

**03/10/2003**

**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	D DE JESUS GUERRA, ALBEIRO 350 NE 58TH COURT FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2512 CLEVELAND ST. HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR MARINA MONTAYA 2512 CLEVELAND ST. HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*De Jesus Guerra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/10/03 954-816-1609**

Date

Daytime Phone #

CH2E034 (10/02)