

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91452 014 \*\*\*150.00

**DOCUMENT # P02000075122**

1. Entity Name  
**SUN STATE TRANSPORT, INC.**



Principal Place of Business  
**11906 SW 272 TERR  
HOMESTEAD FL 33032**

Mailing Address  
**11906 SW 272 TERR  
HOMESTEAD FL 33032**

2. Principal Place of Business  
**11912 SW 272 TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**11912 SW 272 TERR**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**HOMESTEAD FL**  
Zip  
**33032**  
Country  
**US**

City & State  
**HOMESTEAD FL**  
Zip  
**33032**  
Country  
**US**

4. FEI Number  
**32 0022253**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANDO, MANUEL T  
11906 SW 272 TERR  
HOMESTEAD FL 33032**

**7. Name and Address of New Registered Agent**

Name **LANDO, MANUEL V**  
Street Address (P.O. Box Number is Not Acceptable)  
**11912 SW 272 TERR**  
City **HOMESTEAD FL** Zip Code **33032**

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 **MANUEL V. LANDO PRESIDENT** **01-13-2003**  
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	<b>PSTD LANDO, MANUEL T 11912 SW 272 TERR HOMESTEAD FL 33032</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANDO, MANUEL V 11906 SW 272 TERR HOMESTEAD FL 33032</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANDO, SONIA I 11906 SW 272 TERR HOMESTEAD FL 33032</b> <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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTDH LANDO, MANUEL V 11912 SW 272 TERR HOMESTEAD, FL 33032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANDO, SONIA I 11912 SW 272 TERR HOMESTEAD FL 33032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANDO, MANUEL T 11912 SW 272 TERR HOMESTEAD FL 33032</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>
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 supplementary 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: **MANUEL V. LANDO PRESIDENT** **01-13-2003 (786) 3705**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)