

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000864*J
1. Entity Name
JOHN J TRANSPORTATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
255 E 34 ST		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
HIALEAH, FL		HIALEAH, FL	
Zip	Country	Zip	Country
33013			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
13-4207497		<input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name		
	TORRES, MAYDA		
	Street Address (P.O. Box Number is Not Acceptable)		
	255 E 34 ST		
City		FL	Zip Code
HIALEAH			33013

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  **MAYDA TORRES** **6/12/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE	P	TITLE	
NAME	ULLOA, MANUEL	NAME	
STREET ADDRESS	255 E 34 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ULLOA, ELIER	NAME	
STREET ADDRESS	255 E 34 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MANUEL ULLOA, PRESIDENT** **3/12/2007** **(305) 889-5956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #