

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

DOCUMENT # P02000098108

1. Entity Name

48 STATES TRANSPORT CORP.



FILED

03 DEC -9 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11350 NW S. RIVER DR.

3. Mailing Address
11350 NW S. RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT# 1

LOT# 1

City & State
MEDLEY, FL

City & State
MEDLEY, FL

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip
33178

Country

Zip
33178

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LISBETH ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

11350 NW S. RIVER DR. LOT# 1

City MEDLEY FL Zip Code 33178

**DO NOT WRITE
IN THIS SPACE**

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

Lisbeth Alvarez

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE (P/D) LISBETH ALVAREZ
NAME
STREET ADDRESS 11350 NW S. RIVER DR. LOT# 1
CITY-ST-ZIP MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~01/13/04--01084--006 **300.00~~

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CITY-ST-ZIP

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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)(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:

Lisbeth Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DONT HESITATE TO CONTACT ME.

CORDIALLY,

Lisbeth Alvarez

LISBETH ALVAREZ
PRESIDENT