FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91220 048 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000101697

1. Entity Name
ROBIN TRANSPORT, INC.

11005553

Principal Place of Business	Mailing Address
14250 SW 57 LANE BLDG. 2-104 MIAMI, FL 33183	14250 SW 57 LANE BLDG. 2-104 MIAMI, FL 33183

2. Principal Place of Business	3. Mailing Address
14260 SW 57 LANE 2-1	14260 SW 57 L
Suite, Apt. #, etc. BLDG 2-104	Suite, Apt. #, etc. BLDG 2-104
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33183 Country	Zip 33183 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3278615 ☐ Applied For ☐ Not Applicable

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
TREJOS, ROBINSON 14260 SW 57 LANE BLDG. 2-104 MIAMI, FL 33183	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 ______ 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	P TREJOS, ROBINSON 14260 SW 57 LANE BLDG. 2-104 MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Trejos, Robinson 14260 SW 57 Lane BLDG 2-104 Miami, Fl 33183 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: ______ 04/11/03 (305) 986-3024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #