

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

FILED

04 AUG 17 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54067402

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P02000102488 <b>1. Entity Name</b> ALL POINT TRANSPORTATION SERVICE INC	
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**DO NOT WRITE IN THIS SPACE**

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

<b>4. FEI Number</b> 43-1975768	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> ULLOA, ELIER	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 255 E 34 ST	
	<b>City</b> HIALEAH	<b>Zip Code</b> 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**

ULLOA, ELIER

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		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> ULLOA, ELIER 255 E 34 ST HIALEAH, FL 33013	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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:**

ELIER ULLOA, PRESIDENT

7/21/2004

(305) 796-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 54067402  
Doc. # P02000102488

July 21, 2004

Florida Department of State  
P O Box 1500  
Tallahassee, Florida 32302-1500

Subject: ALL POINT TRANSPORTATION SERVICE INC

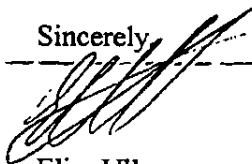
Ref: P02000102488

Enclosed please find the copy of the 2004 Annual Report, with the information that was missing.

We wish to apologize for the delay this time, and request a waiver of the late fee, because person in charge of the paperwork was admitted into the hospital; and it was not until today that she came back, and we took care of this issue at once.

We thank you for your understanding.

Sincerely,



Elier Ulloa  
President