

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

**FILED
May 01, 2007 8:00 am
Secretary of State**

05-01-2007 90029 024 ***150.00

DOCUMENT # P02000102488	
1. Entity Name	
ALL POINT TRANSPORTATION SERVICE INC	

DO NOT WRITE IN THIS SPACE

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

40095453

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1975768		Applied For 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 ULLOA, ELIER	
Street Address (P.O. Box Number is Not Acceptable) 255 E 34 ST	
City HIALEAH	Zip Code 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** **3/10/2007**
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 NAME STREET ADDRESS CITY-ST-ZIP	P ULLOA, ELIER 255 E 34 ST HIALEAH, FL 33013	TITLE NAME STREET ADDRESS 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:  **ELIER ULLOA, PRESIDENT** **3/10/2007** **(305) 796-8550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #