## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P02000108911

Mailing Address

4020 RIVERSIDE DRIVE

**DOCUMENT #** 1. Entity Name

Principal Place of Business

4020 RIVERSIDE DRIVE

NTA TRANSPORT, INC.



## FILED May 01, 2003 8:00 am §

Secretary of State 05-01-2003 90251 024 ***158.75	
☐ CHECK HERE IF MAKING CHANGES	
FEI Number Applied For Not Applied For	

2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  Country  S. Certificate of Status Desired  See Required  Fee Required  Fee Required  Fee Required  For Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above named entity subtrities it statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable or printing hards agent and title if applicable.  Signature type or printing hards agent and title if applicable.  NOTE Registered Agent signature required when ministating)  P. Election Campaign Financing Trust Fund Contribution.  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE SANTOS, CARLOS V  4020 RIVERSIDE DRIVE #4  CORAL SPRINGS FL 33065  CITY-ST-ZIP  ORAL SPRINGS FL 33065  CITY-ST-ZIP  CORAL SPRINGS FL 33065  CITY-ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  Change Additional payor and title if applicable.  City ST-ZIP  AD	CORAL SPRINGS US	FL 33065		CORAL US	L SPRINGS FL 33065	;							
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Zip Country Zip Country 5. Certificate of Status Desired Sant's Additional Fee Required  6. Name and Address of Current Registered 'Agent 7. Name and Address of New Registered Agent Ree Required  SANTOS, CARLOS V 4020 RIVERSIDE DRIVE 4  CORAL SPRINGS FL 33065  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 acceptable of the obligations of registered agent. Signature typed or printed harms of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Single Added to Fees Added	Suite, Apt. #, e	etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
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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 Block 11 if changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

<u>Signa Pune</u> <u>Required</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR