

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90144 048 \*\*\*158.75

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**DOCUMENT # P02000111828**

1. Entity Name  
**SANDY TRANSPORT, INC.**



Principal Place of Business  
**14443 NW 87 PLACE  
MIAMI FL 33018**

Mailing Address  
**14443 NW 87 PLACE  
MIAMI FL 33018**



2. Principal Place of Business

3. Mailing Address

**14443 NW 87 pl**

**14443 NW 87 pl**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Miami FL**

**14443 NW 87 pl**

City & State

City & State

**Miami FL**

**Miami FL**

Zip **33018**

Country **USA**

Zip **33018**

Country **U.S.A.**

4. FEI Number

**60-0003923**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHAVERS, SANDRA I  
14443 NW 87 PLACE  
MIAMI FL 33018**

7. Name and Address of New Registered Agent

Name **N/A**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete  
NAME **CHAVES, SANDRA I**  
STREET ADDRESS **14443 NW 87 PLACE**  
CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Sandra Chaves**

**05-07-03**

**305)3050834**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E034 (10/02)