


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90129 035 ***150.00

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| DOCUMENT # P02000113652 |  |
| 1. Entity Name 312 TRANSPORTATION INC. | |

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| Principal Place of Business 825 SW 10 ST APT B HALLANDALE FL 33009 | Mailing Address 825 SW 10 ST APT B HALLANDALE FL 33009 |
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| 2. Principal Place of Business | 3. Mailing Address 12289 Pembroke Rd. # |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 25 |
| City & State | City & State Pembroke Pines, FL |
| Zip | Country 33025 USA |



☐ CHECK HERE IF MAKING CHANGES

| | |
|---|-------------------------------|
| 4. FEI Number 134-21-6823 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLORIDA AGENT SERVICES, INC. 1221 BRICKELL AVE STE 900 MIAMI FL 33131 | |
| 7. Name and Address of New Registered Agent Name: MARK HART Street Address (P.O. Box Number is Not Acceptable): 825 SW 10th ST APT B City: HALLANDALE FL Zip Code: 33009 | |

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: MARK HART Mark Hart 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|---|
| 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. <input type="checkbox"/> \$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 | DP HART, MARK V 825 SW 10 ST APT B HALLANDALE FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HART, CHARLENE L 825 SW 10 ST APT B HALLANDALE FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HART, CHARLENE L 825 SW 10th ST APT B HALLANDALE FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANDRICA E. THORNTON 825 SW 10th ST APT B HALLANDALE FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mark Hart MARK HART 4/23/03 (954) 559-7132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)