FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO300009286 1. Entity Name ROMAN MELICH TRANSPORT D.B.A. R.M.T. I.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90744 045 ***150.00

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City & State	indo FL.		FLORIDA	4. FEI Number 0517636	Applied For Not Applicable						
3282	Country A	33826	Country A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required						
	ΔΨ	<u> </u>	ingeneral control of the control of	7. Name and Address of Current Registe	ered Agent						
	DO NOT W	DITE	Name ROA	AN MELICH							
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and the second s			City ODI	AND F	FL Zip Code 76						
8: The above	named entity submits this statement fo	r the purpose of changing its	s registered office or regist	ed agent, or both, in the State of Florida. I a							
	ions of registered agent.	¥1 Λ -		البيم	1 /						
SIGNATURE	Mourille .	Melell		ELICH _ OY :	27/04						
	Signature, typed or printed name of registered agent a nuary 1 - May 1- Fee is \$150.00	and title if applicable. (NOT	E: Registered Agent signature requir	when reinstating) DAT	(E						
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees						
Make Check	Payable to Florida Department of	18.0.24.20.04.10.046.		Irast Fund Contribution.	Added to Fees						
10.	OFFICERS AND PRESIDENT	DIRECTORS			ar de cambridaet particular 18 M. Charle Station of Confederation and Confederation (Confederation)						
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12. I hereby certify that the information supplied with this filling 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 addges, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROMAN MEUCH

04/27/04

407 963350

Date

Daytime Phone #