

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

FILED
Apr 29, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P04000059653
1. Entity Name
CK TRANSPORTATION SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2769 10TH AVE N APT 112		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM SPRINGS, FL		City & State	
Zip 33461	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0755385		Applied For <input type="checkbox"/> 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 GEORGES BASSIL
Street Address (P.O. Box Number is Not Acceptable) 2769 10TH AVE N APT 112
City PALM SPRINGS
State FL
Zip Code 33461

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME GEORGES BASSIL
STREET ADDRESS 2769 10TH AVE N APT 112	
CITY-ST-ZIP PALM SPRINGS FL 33461	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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11.

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CITY-ST-ZIP	

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IN THIS SPACE**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-05