

2005
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90095 012 ***150.00

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CR2E034B (12/01)

DOCUMENT #	P04000074175
1. Entity Name	
SANDY-ROY TRANSPORT, INC.	

2. Principal Place of Business		3. Mailing Address	
11510 SW 9th Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pembroke Pines FL			
Zip	Country	Zip	Country
33025	Broward		

4. FEI Number	Applied For
20-1088956	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name	
Daniel Chin	
Street Address (P.O. Box Number is Not Acceptable)	
11510 SW 9th Court	
City	Zip Code
Pembroke Pines FL	33025

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.

SIGNATURE Daniel Chin *Daniel Chin* 3/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / Director	TITLE	
NAME	Daniel Chin	NAME	
STREET ADDRESS	11510 SW 9th Court	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33025	CITY-ST-ZIP	
TITLE	VP / Director	TITLE	
NAME	Sandra Chin	NAME	
STREET ADDRESS	11510 SW 9th Court	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel R Chin* President 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #