

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-16-2003 90189 017 ***150.00

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DOCUMENT # P92000004636

1. Entity Name
F.S. & SONS TRANSPORT INC.



Principal Place of Business
**1299 W 72 ST
HIALEAH FL 33014**

Mailing Address
**P.O. BOX 22451
HIALEAH FL 33002
US**



2. Principal Place of Business

3. Mailing Address

5837 DAHLIA DR.

5837 DAHLIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO FL.

City & State

ORLANDO - FL.

4. FEI Number

65-0368841

Applied For

Not Applicable

Zip

32807

Country

Zip

32807

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, FERMIN A
1299 WEST 72 STREET
HIALEAH FL 33014**

Name

FERMIN FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

5837 DAHLIA DR.

☒

City

ORLANDO

FL

Zip Code

32807

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]

4/3/02

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 **PD** ☐ Delete
NAME **FERNANDEZ, FERMIN A**
STREET ADDRESS **1299 W. 72 ST.**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **PD** ☒ Change ☐ Addition
NAME **FERMIN FERNANDEZ**
STREET ADDRESS **5837 DAHLIA DR.**
CITY-ST-ZIP **ORLANDO - FL - 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

[Signature] **Fermin A. Fermin** **1-27-03 786-367-4808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)