

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90114 049 \*\*\*158.75

**DOCUMENT # P94000048599**

1. Entity Name  
**G.B. TRANSPORTATION, INC.**



Principal Place of Business  
**1200 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

Mailing Address  
**590 WEST 20TH STREET  
HIALEAH FL 33010  
US**



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**G.B. Transportation**

3. Mailing Address

Suite, Apt. #, etc.  
**600 West 20 Street**

Suite, Apt. #, etc.

City & State  
**Hialeah FL**

City & State

Zip  
**33010** Country  
**Florida**

Zip

Country

4. FEI Number  
**65-0499682**

Applied For  
Not Applicable

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

**BRACERAS, WILFRED  
590 W. 20TH ST.  
SUITE 401  
HIALEAH FL 33010**

Name

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

City

**FL** Zip Code

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRACERAS, WILFRED 590 W. 20TH ST. HIALEAH FL 33010</b>	<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
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wilfred Bracer** **WILFRED BRACERAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/03**

Date

**(305) 863-8860**

Daytime Phone #

CR2E034 (10/02)