## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 12, 2002 8:00 am P94000067519 DOCUMENT # **Secretary of State** 1. Entity Name QUICK TRANSPORTATION CORP. 02-12-2002 90053 019 \*\*\*150.00 Mailing Address Principal Place of Business 33 NW 108TH COURT 33 NW 108TH COURT MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0520259 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, GILBERTO : Street Address (P.O. Box Number is Not Acceptable) 33 NW 108TH COURT MIAM) FL 33172 Zip Code City FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) Addition ☐ Delete TITLE TITLE MARTIN, GILBERTO NAME NAME 33 NW 108TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE STD MARTIN, DOLORES M NAME NAME STREET ADDRESS 33 NW 108TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change ☐ Addition ☐ Delete TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED