

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000073612**

1. Entity Name

**BATABANO TRANSPORTE, INC.**

Principal Place of Business

**1930 N.W. 24TH AVE.  
MIAMI FL 33125**

Mailing Address

**1930 N.W. 24TH AVE.  
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0521934**

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

**MEDEROS, ABILIO  
1930 N.W. 24TH AVE.  
MIAMI FL 33125**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEDEROS, ABILIO</b>	
STREET ADDRESS	<b>1930 N.W. 24TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEDEROS, ABILIO JR.</b>	
STREET ADDRESS	<b>1930 N.W. 24TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00 (305) 208-9800  
Date Daytime Phone #**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90207 024 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)