

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015002

1. Entity Name
U.S.A. AUTO TRANSPORT INC.

Principal Place of Business
1621 S.W. 139TH COURT
MIAMI FL 33175

Mailing Address
1621 S.W. 139TH COURT
MIAMI FL 33175

2. Principal Place of Business
611 SW 88 CT
Suite, Apt. #, etc.

3. Mailing Address
611 SW 88CT
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33174

Country

City & State
Miami, FL.

Zip
33174

Country

4. FEI Number 65-0558697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORES, JOSE T
1621 S.W. 139TH COURT
MIAMI FL 33175

7. Name and Address of New Registered Agent

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 reissuing)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FLORES, JOSE T
1621 S.W. 139TH COURT
MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
FLORES, GRAYSELL
1621 S.W. 139TH COURT
MIAMI FL 33175

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-17-2002 90019 036 ***125.00
06-16-2002 90694 007 ****25.00



DO NOT WRITE IN THIS SPACE

CR2E004 (9/01)