2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED Mar 25, 2000 8:00 am DOCUMENT # P95000039906 Secretary of State ROLAND TRANSPORT, INC. 03-25-2000 90015 004 ***150.00 Principal Place of Business Mailing Address 9445 FONTAINEBLEAU BLVD 9445 FONTAINEBLEAU BLVD APT #113 **APT #113** MIAMI FL 33172 MIAMI FL 33034-0745 ЦS 2. Principal Place of Business 3. Mailing Address BO. BOX 343745 34850 SW DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0582951 Not Applicable omesteed Country Country \$8.75 Additional 5. Certificate of Status Desired 3303 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gonzalez GONZALEZ, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 9445 FONTAINEBLEAU BLVD **APT #113** S.W. **MIAMI FL 33172** Zip Code **3303**4 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE PD Delete TITLE X Change ☐ Addition NAME GONZALEZ, ROLANDO NAME 34850 S.W 213 AVE STREET ADDRESS STREET ADDRESS 9445 FONTAINEBLEAU BLVD APT #113 Homestead Fl CITY - ST - ZIP CITY-ST-ZIP 33034 MIAMI FL X Change ☐ Addition ☐ Delete TITLE TIT! F **TSD** NAME NAME GONZALEZ, LILLIAN Gonzalez, Lillian STREET ADDRESS 34850 S.W 213 AUG STREET ADDRESS 9445 FONTAINEBLEAU BLVD #113 CITY-ST-7IP CITY-ST-ZIP FC 33034 MIAMI FL Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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