

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 008 ***158.75

DOCUMENT # **P95000058143**

1. Entity Name

ON WHEELS TRANSPORT, INC.

Principal Place of Business

Mailing Address

3700 Georgia Ave.
West Palm Beach, FL

80053743

2. Principal Place of Business

3700 Georgia Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 21625

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

4. FEI Number

65-0600077

Applied For

Not Applicable

Zip

Country

Zip

Country

33416-1625

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

Saldana, Daniel

Name

LAZARO SALDANA

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

1416 Holiday Ave.

City

West Palm Bch

FL

Zip Code

33415

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

(LAZARO SALDANA)

3/13/02

Signature of agent 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 \$150.00
After MAY 1, 2001 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 **PD**
NAME **SALDANA, DANIEL** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **P, D**
NAME **SALDANA, LAZARO** ☐ Change ☒ Addition
STREET ADDRESS **1416 Holiday Ave**
CITY-ST-ZIP **West Palm Bch, FL 33415**

TITLE **DV**
NAME **SALDANA, CIRILA** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)