

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90054 006 \*\*\*150.00

DOCUMENT # P 95000093081

1. Entity Name

PAY LESS TRANSPORT, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3574 N.W. 46 ST

Suite, Apt. #, etc.

3. Mailing Address

12034 S.W. 103 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

Zip

33142

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-063 1411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIO YEDO

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

12034 S.W. 103 ST

City

Miami

FL

Zip Code

33186

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$850.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
YEDO, MARIO  
12034 SW 103 ST  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
YEDO, JAMES, S  
11816 SW 91 TER  
MIAMI, FL 33186

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO YEDO

4/2/02 305-637-1616

Anytime Phone #

CR2E034B (12/01)