

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000053172

1. Entity Name:

E.C. TRANSPORT & DISTRIBUTION, INC.

FILED

01 MAR 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

320 N.W. 63TH AVENUE

MIAMI, FL. 33126-

2. Principal Place of Business

220 NW 87TH AVENUE

3. Mailing Address

Suite, Apt. #, etc.

#K201

Suite, Apt. #, etc.

City & State

MIAMI, FL 33172

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0674384

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMILIO CONESA
220 N.W. 87TH AVENUE #K201
MIAMI, FL. 33172

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 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

TITLE NAME PRESIDENT
STREET ADDRESS EMILIO CONESA
CITY-ST-ZIP 220 N.W. 87TH AVENUE #K201

TITLE NAME SECRETARY
STREET ADDRESS ISABEL CONESA
CITY-ST-ZIP 220 N.W. 87TH AVE. # k201
MIAMI, FL. 33172

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300003892759-7
-03/22/01-01065-010
***1050.00 ***1050.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300003892759-7
-03/22/01-01065-011
*****8.75 *****8.75

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
LS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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

Date

Daytime Phone #

CR2E034 (11/00)