- QA FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** ATT ATTA DOCUMENT # P9700000 4967 FILED Apr 12, 2002 8:00 A.M. Secretary of State P.S. TRANSPORT \_DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 14535 Sw. 168 s7 13727 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 306 City & State Applied For City & State MIAMI Not Applicable Country \$8.75 Additional 33/77 33177 Fee Required 7. Name and Address of Current Registered Agent LESMR MEDRERA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 14482 SW 168 ST 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. 4-9-02 DATE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE CR2E034B (12/01) PEDRERA CEGAR 14482 SW 1685T Miami FL 33177 NAME 200005326472--5 -04/23/02--01045--025 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*300.00 \*\*\*\*300.00 TITLE PEDRERA EdelmiRA TITLE NAME NAME 14482 SW 1685T Miami Fl 33177 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY\_ST\_ZIP\_\_ TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE TITLE Pedrera Cesa J. 14535 SW 168 ST Migmi Fl 33177 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DITE NAME NAME STREET ADDRESS 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 on an attachment with an address, with all SIGNATURE: 305-252-9670

## P & S TRANSPORT, INC. 13727 S.W. 152<sup>ND</sup> ST., STE 306 MIAMI, FL. 33177

April 09, 2002

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: P & S TRANSPORT, INC. Tax I.D. #65-0719177

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 300.00

Please advise.

Your cooperation is appreciated.

- Sincerely,

Cesar-Pedrera

CP/mtv