FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90165 047 ***150.00

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DOCUMENT # P97000020329

1. Entity Name

HARBOR TRANSPORT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4801 NW 72 AVE.	P.O. BOX 520642
Suite, Apt. #, etc. BAY #10	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country USA	Zip 33152 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0733350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VICTORERO, ROBERTO, SR.

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

1305 SW 104 COURT

City MIAMI **FL** Zip Code 33174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Roberto Victorero 2-24-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VICTORERO,ROBERTO SR. 1305 SW 104 CT. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTORERO, VIVIANA S. 1305 SW 104 CT. MIAMI, FL 33174
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CR2E034E (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Victorero 2-24-03 (305)5925357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #