

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038084**

1. Entity Name

Q.S.F. TRANSPORT INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90080 022 ***158.75

00048429

DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 6501069 MIAMI FL 33265-1069	Mailing Address P.O. BOX 6501069 MIAMI FL 33265-1069
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2. Principal Place of Business 12326 SW 132 CT Suite, Apt. #, etc.	3. Mailing Address P.O. Box 65-1069 Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33186	Zip 33265
Country	Country U.S.A.

4. FEI Number 65-0748488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIDAL, ANA O 2540 S.W. 135TH AVENUE MIAMI FL 33135

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Ana Olavarria Vidal* (NOTE: Registered Agent signature required when reinstating) DATE: 03/30/019. 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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL, ANTONIO 2540 S.W. 135TH AVE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL, ANA O 2540 S.W. 135TH AVE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

ANA OLAVARRIA VIDAL

03/30/01

Date

(305) 227-3550

Daytime Phone #

CR2E034 (10/00)