

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040183

1. Entity Name

DEDICATED TRANSPORTATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4743 N.W. 72ND AVENUE
MIAMI FL 33166

4743 N.W. 72ND AVENUE
MIAMI FL 33166

2. Principal Place of Business

2200 NW 110TH AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 227008

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

Zip

33172

Country

DADE

Zip

33122

Country

DADE

6. Name and Address of Current Registered Agent

ACOSTA, GLADYS
4743 N.W. 72ND AVENUE
MIAMI FL 33166

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 PD
NAME ACOSTA, GLADYS
STREET ADDRESS 4743 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

01/03/01

Date

305-463-0153

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90016 021 ***150.00

00003273



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756372 ☐ Applied For
☐ Not Applicable

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

CR2E034 (10/00)

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