2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004964 ✓

1. Entity Name

A-1 Medeo Transportation, Corp

Principal Place of Business: 2930 nw 12 st. Miami, Fl. 33125

Mailing Address: 2930 nw 12 st. Miami, Fl. 33125

2. Principal Place of Business 2930 nw 12 st.

Suite, Apt. #, etc.

3. Mailing Address 2930 nw 12 st

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Miami Fl
City & State: Miami, Fl.

Zip 33125 Country USA
Zip 33125 Country USA

4. FEI Number 65-0805270

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

Ameri lawyer
343 Almeria Avenue.
Coral Gables, Fl. 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not acceptable) **PEREZ BEHAR & ASSOC, P.A.**
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168

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: Perez, Behar & Assoc. PA / Pres.   7/10/00

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, 2000 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

OFFICERS AND DIRECTORS			**12.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD Felipe Alcala 2930 nw 12 st. Miami, Fl. 33125	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ADDRESS ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ADDRESS ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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ADDRESS ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ADDRESS ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _____ Felipe Alcala / Pres. 7/10/00   305-637-124

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