

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011749

1. Entity Name

EXPRESS MATERIALS TRANSPORT, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90041 029 \*\*\*150.00

Principal Place of Business

Mailing Address

6700 N. ANDREWS AVE  
 # 102  
 FT. LAUDERDALE FL 33309

6700 N. ANDREWS AVE  
 # 102  
 FT. LAUDERDALE FL 33309-2165

2. Principal Place of Business

4401 N. FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 204

City & State

BOCA RATON FLORIDA

City & State

4. FEI Number

65-0813338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

Zip  
 33431

Country  
 USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELITO, CHRIS

3016 SOUTH OAKLAND FOREST DR., #2906  
 FT. LAUDERDALE FL 33309

Name

CHRIS J. MELITO

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

4401 N. FEDERAL HWY # 204

City

BOCA RATON

FL

Zip Code

33431

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

*[Signature]* PRESIDENT

4-26-2000

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 MELITO, CHRIS  
 6550 EAST ROGERS CIRCLE  
 BOCA RATON FL 33487 ☐ Delete

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

TITLE  
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 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

800-423-2249

Daytime Phone #

CR2E034 (9/99)