2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90635 004 ***158.75

DOCUMENT # P98000032471

Entity Name

NEW AMERICAN TRANSPORTATION INC.

D0056747

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Principal Place of Business 6620 INDIAN CREEK DR. Suite, Apt. #, etc.	3. Mailing Address 6620 INDIAN CREEK DR. Suite, Apt. #, etc.
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33141	Country U.S.A.
Zip 33141	Country U.S.A.

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: LUIZ CARLOS DE BRITO

Street Address (P.O. Box Number is Not Acceptable): 6620 INDIAN CREEK DR.

City: Miami Beach **FL** Zip Code: 33141

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: Luiz Carlos de Brito — DATE: 4/3/01

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

The 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D LUIZ CARLOS DE BRITO 6620 INDIAN CREEK DR. MIAMI BEACH, FL 33141 ☒ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T, D. JOHN A. ESCOBAR 6620 INDIAN CREEK DR. MIAMI BEACH, FL 33141 ☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ 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: Luiz Carlos de Brito — 4/3/01 — (305)8673084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LUIZ CARLOS DE BRITO — Date — Daytime Phone #