

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90229 003 ***150.00

DOCUMENT # P98000047386

1. Entity Name

AMERICAN TRANSPORT GROUP INC.

Principal Place of Business

**142 EAST 15TH STREET
 HIALEAH FL 33010**

Mailing Address

**142 EAST 15TH STREET
 HIALEAH FL 33010**

2. Principal Place of Business

111 EAST 38 ST

Suite, Apt. #, etc.

3. Mailing Address

111 EAST 38 ST

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33013

Country

City & State

Hialeah, FL

Zip

33013

Country

4. FEI Number

65-0840015

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OLIVA, SOL ANGEL

142 EAST 15TH STREET

HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Eusebio Oliva

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

111 EAST 38 ST 11

City

Hialeah

FL

Zip Code

33013

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

Eusebio Oliva

ESL

4/29/02

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, 2002 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 **VD** ☐ Delete
 NAME **OLIVA, EUSEBIO**
 STREET ADDRESS **142 EAST 15TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **PD** ☐ Delete
 NAME **OLIVA, EUSEBIO**
 STREET ADDRESS **142 EAST 15TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-6363627

Daytime Phone #

CR2E034 (9/01)