

2001
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063224

1. Entity Name
K & A TRANSPORT, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
510 S.W. 72ND COURT 510 S.W. 72ND COURT
MIAMI FL 33144 MIAMI FL 33144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3401 SW 130 Ave 3401 SW 130 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Miami FL Miami FL
Zip Country Zip Country
33175 33175

4. FEI Number 65-0850716
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, MAIRA
510 S.W. 72ND COURT
MIAMI FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

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 (If any)	
ADDRESS T-ZIP	PD SANCHEZ, JESUS 510 S.W. 72ND COURT MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 a 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maira Sanchez Maira Sanchez 4/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER, DIRECTOR, OR EMPLOYEE