

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90031 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000068251**

1. Corporation Name

**HIALEAH-LAKES TRANSPORTATION, INC.**

Principal Place of Business  
 1160 W. 40TH PL.  
 HIALEAH FL 33012

Mailing Address  
 1160 W. 40TH PL.  
 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1998**

4. FEI Number

**65-0861498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

Country

9. Name and Address of Current Registered Agent

**ULLOA, REINALDO**  
 1160 W. 40TH PL.  
 HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **DP**  
**ULLOA, REINALDO**  
 STREET ADDRESS **1160 W. 40TH PL.**  
 CITY-ST-ZIP **HIALEAH FL 33012**

1.2 NAME ☐ DELETE

NAME **DVT**  
**ULLOA, BEATRIZ**  
 STREET ADDRESS **1160 W. 40TH PL.**  
 CITY-ST-ZIP **HIALEAH FL 33012**

1.3 STREET ADDRESS ☐ DELETE

NAME **DS**  
**REBULL, IBKS H**  
 STREET ADDRESS **237 SPRING AVE.**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

1.4 CITY-ST-ZIP ☐ DELETE

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

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1.97 TITLE

1.98 NAME

1.99 STREET ADDRESS

1.100 CITY-ST-ZIP

**SIGNATURE: [Signature] SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)