

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000068251

1. Entity 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**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0861498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000142263
04/30/04-80045-004 158.75**

10. OFFICERS AND DIRECTORS

TITLE	DPVT
NAME	ULLOA, REINALDO
STREET ADDRESS	1160 W. 40TH PL.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	S
NAME	ULLOA, REINALDO
STREET ADDRESS	1160 W. 40TH PL.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	ULLOA, BEATRIZ
STREET ADDRESS	1160 W. 40TH PL.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #