

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072578

1. Entity Name

IDEAL TRANSPORTATION, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90094 030 \*\*\*150.00

Principal Place of Business

Mailing Address

8280 SW 39TH ST  
 MIAMI FL 33155-3333

8280 SW 39TH ST  
 MIAMI FL 33018-7101

2. Principal Place of Business

3267 W 70 TERK

3. Mailing Address

256 N.W. 42 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HALEAH, FLORIDA

City & State

MIAMI FL

4. FEI Number

65-0885997

Applied For

Not Applicable

Zip

Country

33018 USA

Zip

Country

33124

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

CALZADILLA, MANUEL  
 8280 SW 39TH ST  
 MIAMI FL 33155-3333

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

5/3/2000  
 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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
 NAME CALZADILLA, MANUEL  
 STREET ADDRESS 8280 S.W. 39TH STREET  
 CITY-ST-ZIP MIAMI FL 33155-3333

TITLE P ☐ Change ☐ Addition  
 NAME CALZADILLA, MANUEL  
 STREET ADDRESS 8280 S.W. 39 STREET  
 CITY-ST-ZIP MIAMI FL 33155-3333

TITLE VP ☐ Delete  
 NAME ORTEGA, LINDA  
 STREET ADDRESS 8280 S.W. 39 STREET  
 CITY-ST-ZIP MIAMI FL 33155

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Manuel Calzadilla*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2000  
 Date

Daytime Phone #

CR2E034 (9/99)