

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076946

1. Entity Name

TAMIAMI AUTO TRANSPORT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90369 003 ***150.00

Principal Place of Business

13710 SW 8 ST
 MIAMI FL 33184

Mailing Address

13710 SW 8 ST
 MIAMI FL 33184-3097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0865873

Applied For

Not Applicable

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

CUETO, JORGE L
 1990 S.W. 27TH AVENUE
 3RD FLOOR
 MIAMI FL 33145

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

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, 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 PVD ☐ Delete
 NAME CUETO, JOSE M
 STREET ADDRESS 13710 S.W. 8TH STREET UNIT C
 CITY-ST-ZIP MIAMI FL 33184

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

TITLE SVD ☐ Delete
 NAME BARROS, ROLANDO
 STREET ADDRESS 13710 S.W. 8TH STREET UNIT C
 CITY-ST-ZIP MIAMI FL 33184

TITLE ☒ Change ☐ Addition
 NAME *Alberto Fernandez*
 STREET ADDRESS *13710 S.W. 8TH*
 CITY-ST-ZIP *Miami, FL 33184*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose M. Cueto 4-28-00 305-266-0707

Date

Daytime Phone #

CR2E034 (9/99)