

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086665

1. Entity Name

GALANT AND CLASSIC TRANSPORTATION, INC.

Principal Place of Business

MIAMI, FLORIDA.

Mailing Address

371 PARK STREET "F"
MIAMI SPRING, FLA.

33166

2. Principal Place of Business

MIAMI-FLORIDA.

3. Mailing Address

371 SPARK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

"F"

City & State

City & State

MIAMI SPRING, FLA.

Zip

Country

Zip

Country

33166

USA

4. FEI Number

65-0871136

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

Name

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

City

FL

Zip Code

GREGORIO R GONZALEZ

371 PARK STREET "F"

MIAMI SPRING, FLA. 33166

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.

GREGORIO R GONZALEZ. (PRESIDENT)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
GREGORIO R GONZALEZ
(PRESIDENT)
371 PARK ST "F"
MIAMI SPRING, FLA. 33166 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FRANCISCO F MAYA
VICE-PRESIDENT.
17850 ne 19 AVE. ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1ST /200

Date

(305)-498-4218

Daytime Phone #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90122 010 ***158.75

A0028091

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)