

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90129 036 ***150.00

DOCUMENT # P98000094990

1. Entity Name

R.K.A. TRANSPORT INC.

Principal Place of Business

**4968 S.W. 31 TERRACE
 FT. LAUDERDALE FL 33312**

Mailing Address

**3325 GRIFFIN ROAD
 SUITE 137
 FT LAUDERDALE FL**

2. Principal Place of Business

4801 S. UNIVERSITY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

DAVIE, FL

City & State

4. FEI Number

65-0879447

Applied For

Not Applicable

Zip

33328

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCARLETT, ROBERT

4968 S.W. 31 TERRACE

FT. LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SCARLETT, ROBERT**
 CITY-ST-ZIP **4968 SW 31 TER
 FT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **SCARLETT ROBERT**
 CITY-ST-ZIP **4801 S. UNIVERSITY DRIVE, SUITE 204
 DAVIE, FL 33312**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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:

SCARLETT ROBERT

Date

Daytime Phone #

2/28/02

CR2E034 (9/01)