

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90071 026 ***158.75

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DOCUMENT # P98000094990

1. Entity Name
R.K.A. TRANSPORT INC.



Principal Place of Business
**4801 S. UNIVERSITY DR.
204
DAVIE FL 33328**

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

2. Principal Place of Business
2640 HOLLY WOOD BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE # 121

Suite, Apt. #, etc.

City & State
HOLLY WOOD.

City & State

Zip
33020 Country
USA

Zip Country

4. FEI Number
65-0879447

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCARLETT, ROBERT**
STREET ADDRESS **4801 S. UNIVERSITY DR., STE 204**
CITY-ST-ZIP **DAVIE FL 33312**

TITLE **P** ☒ Change ☐ Addition
NAME **SCARLETT, ROBERT**
STREET ADDRESS **2640 HOLLY WOOD BLVD, SUITE 121**
CITY-ST-ZIP **HOLLY WOOD, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2003
Date

954 925 7510
Daytime Phone #

CR2E034 (10/02)