

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096214

1. Entity Name

FAZ TRANSPORT, CORP.

Principal Place of Business

2033 WEST 62ND STREET
SUITE #339
HIALEAH FL 33016
US

Mailing Address

P.O. BOX 160951
HIALEAH FL 33016
US

2. Principal Place of Business

1085 WEST 51 PLACE

3. Mailing Address

P.O. Box 160951

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLA.

City & State

HIALEAH

Zip

33012

Country

HIALEAH

Zip

33016

Country

Hialeah

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUNIGA, HECTOR F
2050 WEST 56TH STREET
SUITE 32 #339
HIALEAH FL 33016

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

4-6-2001

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, 2001 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 PD ☐ Delete
NAME ZUNIGA, HECTOR F
STREET ADDRESS 2050 WEST 56TH STREET
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-06-2001

305 445 1859



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)