

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104274

1. Entity Name
A.N.K. TRANSPORT, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State
09-15-2000 90020 039 ***550.00

Principal Place of Business

3821 SW 63RD AVE.
DAVIE FL 33314

Mailing Address

3821 SW 63RD AVE.
DAVIE FL 33314

2. Principal Place of Business

2420 NW 87th Lane

3. Mailing Address

2420 NW 87th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Surprise, FL

City & State

Surprise, FL

Zip

33322 United States

Zip

33322 United States

Country

4. FEI Number

65-0882449

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ACHAIBAR, NEIL N
3821 SW 63RD AVE.
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Achaibar, Neil N

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

2420 NW 87th Lane

City Sunrise

FL

Zip Code

33322

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME ACHAIBAR, NEIL N
STREET ADDRESS 3821 SW 63RD AVE.
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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

9/14/00

954-851-2272

CR2E034 (5/00)