04/24/02 WED 16:32 FAX 305 594 8001 SYSTEMS UNION

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90450 010 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104745

1. Entity Name: Floridian Auto Transport.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5841 SW 2 terr	5841 SW 2 terr
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33144 Country: USA	Zip: 33144 Country: USA

DO NOT WRITE IN THIS SPACE

4. FE Number: 65-0882564. ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Barbara C Morales
Street Address (P.O. Box Number is Not Acceptable): 5841 SW 2 terr
City: Miami FL Zip Code: 33144

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: Barbara C Morales 4/23/02
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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Barbara C. morales
STREET ADDRESS	5841 SW 2 terr
CITY-ST-ZIP	Miami, Fl 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara C Morales 4/23/02 786-3881106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #