

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003653

1. Entity Name

TRANSPORTES ZULETA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90777 001 ***600.00

Principal Place of Business

12259 SW 17TH LANE
UNIT 102
MIAMI FL

Mailing Address

12259 SW 17TH LANE
UNIT 102
MIAMI FL 33175-7736

2. Principal Place of Business

2022 W FLAGLER ST

Suite, Apt. #, etc.

MIAMI

City & State

FL

Zip

33183

Country

DADE

3. Mailing Address

6661 SW 137TH CT UNIT A

Suite, Apt. #, etc.

MIAMI, FL 33183

City & State

Zip

33183

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0886744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLE, JACQUELINE
12259 SW 17TH LANE
UNIT 102
MIAMI FL

7. Name and Address of New Registered Agent

Name RAMON POWER

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

6661 SW 137TH UNIT-A

City MIAMI

FL

Zip Code

33183

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

4/14/00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	VALLE, HERMELINDA	
STREET ADDRESS	12259 SW 17TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VALLE, VICTOR	
STREET ADDRESS	12259 SW 17TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLE, HERMELINDA	
STREET ADDRESS	12259 SW 17TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18222 SW 94TH CT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18222 SW 94TH CT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/14/00

305-644-1090

CR2E034 (9/99)