

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90015 009 \*\*\*150.00

DOCUMENT # P99000018665

1. Entity Name

CLOVER TRANSPORTATION COMPANY

Principal Place of Business

Mailing Address

421 SW 25TH ROAD  
MIAMI FL 33129421 SW 25TH ROAD  
MIAMI FL 33129

93584



2. Principal Place of Business

3. Mailing Address

2730 SW 3RD AVE

P.O. BOX 310056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

Miami

MIAMI

Zip

Country

Zip

Country

33129

USA

33231

USA

4. FEI Number

65-0898340

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURIEL, ARACELIS

177 OCEAN LANE DRIVE #811  
MIAMI FL 33129570 SABAL PALM DR  
KEY BISCAYNE, FL 33149

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

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	CURIEL, ARACELIS	
STREET ADDRESS	421 SW 25TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	DIRECTOR

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CANTT, ROSANGELA	
STREET ADDRESS	421 SW 25TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	DIRECTOR

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Ramon Curiel	
STREET ADDRESS	570 Sabal Palm Dr	
CITY-ST-ZIP	Key Biscayne, FL 33149	DIRECTOR

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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 life events.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)