

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90005 016 \*\*\*150.00

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1. Entity Name

MASTER TRANSPORT EQUIPMENT CORP.

Principal Place of Business

100 SE 2ND ST. 17TH FLOOR  
MIAMI FL 33131

Mailing Address

3038 NW NORTH RIVER DR  
MIAMI FL 33142  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0097587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BABUN, SARA C.  
3038 N.W. N. RIVER DRIVE  
MIAMI, FLA. 33142

7. Name and Address of New Registered Agent

Name STRICKROOT, JOHN C. ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. 2ND STREET  
18TH FLOOR  
City MIAMI FL Zip Code 33131

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.

John C. Strickroot Feb. 20, 2001

(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, 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

TITLE P  
NAME GONZALEZ, ILEANA  
STREET ADDRESS 3038 NW N RIVER DR  
CITY-ST-ZIP MIAMI FL 33142 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HERMIDA, JOSE A.  
STREET ADDRESS 3038 N.W. N. RIVER DRIVE  
CITY-ST-ZIP MIAMI, FLA. 33142 ☐ Change ☒ Addition

TITLE C/D  
NAME BABUN, JOSE  
STREET ADDRESS 3160 NW 14TH STREET  
CITY-ST-ZIP MIAMI, FLA. ☐ Change ☒ Addition

TITLE S/D  
NAME BABUN, SARA C.  
STREET ADDRESS 9250 SW 69TH STREET  
CITY-ST-ZIP MIAMI, FLA. ☐ Change ☒ Addition

TITLE D  
NAME BABUN, JOSE J.  
STREET ADDRESS 2945 NW 21 TERR  
CITY-ST-ZIP MIAMI, FLA. ☐ Change ☒ Addition

TITLE D  
NAME BABUN, MIREYA  
STREET ADDRESS 1714 FERDINAND ST.  
CITY-ST-ZIP CORAL GABLES, FLA. ☐ Change ☒ Addition

TITLE D  
NAME PADRON, JOSE C.  
STREET ADDRESS 5766 NW 98TH COURT  
CITY-ST-ZIP MIAMI, FLA. ☐ Change ☒ Addition

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

JOSE C. PADRON

Date

2-21-2001

Daytime Phone #

(305) 633-6361

CR2E034 (10/00)