

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90365 001 \*\*\*150.00

**DOCUMENT # P99000018878**

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

**3755 NW 62 STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

Zip

Country

Zip

Country

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

**STRICKROOT, JOHN C  
100 SE 2ND ST  
18TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Edelmiro Gonzalez**

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

**3038 NW North River Dr.**

City **Miami**

FL

Zip Code **33142**

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 **Edelmiro Gonzalez**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HERMIDA, JOSE A**  
STREET ADDRESS **3038 NW N RIVER DR**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **CD** ☐ Delete  
NAME **BABUN, JOSE**  
STREET ADDRESS **3160 NW 14TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete **CHANGE**  
NAME **BABUN, SARA C**  
STREET ADDRESS **9250 SW 69TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **BABUN, JOSE J**  
STREET ADDRESS **2945 NW 21 TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **BABUN, MIREYA**  
STREET ADDRESS **1714 FERDINAND ST**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ Delete  
NAME **PABRON, JOSE C**  
STREET ADDRESS **5766 NW 98TH CT**  
CITY-ST-ZIP **MIAMI FL**

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 **DIRECTOR, VP, TREASURE** ☒ Change ☐ Addition  
NAME **SARA C. BABUN**  
STREET ADDRESS **3038 N.W. NORTH RIVER DR.**  
CITY-ST-ZIP **MIAMI, FL. 33142**

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

**Sara C. Babun** **4/2/02** **(305)633-6361**

Date

Daytime Phone #

**EXT 230**

CR2E034 (9/01)