

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029584

1. Entity Name

KRISTVAN TRANSPORT, CORP.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90225 031 \*\*\*150.00

Principal Place of Business

16203 EMERALD COVE ROAD  
WESTON FL 33331

Mailing Address

16203 EMERALD COVE ROAD  
WESTON FL 33331-3131

2. Principal Place of Business

4679 E 9th Ct  
Suite, Apt. #, etc.

3. Mailing Address

4679 E 9th Ct  
Suite, Apt. #, etc.

City & State

Hialeah, FL  
Zip 33013 Country Dade

City & State

Hialeah FL  
Zip 33013 Country Dade

4. FEI Number

65-0908725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required -

6. Name and Address of Current Registered Agent

GUTIERREZ, LUIS D  
16203 EMERALD COVE ROAD  
WESTON FL 33331

7. Name and Address of New Registered Agent

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

Luis D. Gutierrez

2/25/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME GUTIERREZ, LUIS D  
STREET ADDRESS 16203 EMERALD COVE ROAD  
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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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  
NAME  
STREET ADDRESS 4679 E 9th Ct  
CITY-ST-ZIP Hialeah, FL 33013 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

Luis D. Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

305-793-4787

Daytime Phone #

CR2E034 (9/99)