

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90010 003 ***150.00

DOCUMENT # P99000029584

1. Entity Name

KRISTVAN TRANSPORT, CORP.

Principal Place of Business

Mailing Address

4679 E 9TH CT
 HIALEAH FL 33013

4679 E 9TH CT
 HIALEAH FL 33013

2. Principal Place of Business

18244 NW 61 Ave
 Suite, Apt. #, etc.

3. Mailing Address

18244 NW 61 Ave
 Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33013

USA

33015

USA

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

7. Name and Address of New Registered Agent

GUTIERREZ, LUIS D
 16203 EMERALD COVE ROAD
 WESTON FL 33331

Name

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

18244 NW 61 Ave

City

Miami, FL

FL

Zip Code

33015

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

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

(NOTE: Registered Agent's signature required when reinstating)

4/19/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GUTIERREZ, LUIS D
 CITY-ST-ZIP 4679 E 9TH CT 18244 NW 61 Ave
 HIALEAH FL 33013 Miami, FL 33015

TITLE ☒ Change ☒ Addition
 NAME D
 STREET ADDRESS Gutierrez, Luis D.
 CITY-ST-ZIP 18244 NW 61 Ave
 Miami, FL 33015

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Luis D Gutierrez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 305-986-5847
 DATE Daytime Phone #

CR2E034 (10/00)