

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90144 041 \*\*\*150.00

**DOCUMENT # P99000035889**

**1. Entity Name**  
**E R TRANSPORTATION INC.**

**Principal Place of Business**

**9620 NE 2ND AVE**  
**#200**  
**MIAMI FL 33138**

**Mailing Address**

**9620 NE 2ND AVE**  
**#200**  
**MIAMI FL 33138**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0912264**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**SHEARON, ROGER**  
**9000 N E 3RD AVE**  
**MIAMI FL 33138**

## 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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEARON, ROGER	
STREET ADDRESS	9000 N E 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NUNNALLY, ADDIE	
STREET ADDRESS	9000 N E 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, L.C.	
STREET ADDRESS	9000 N E 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, EDITH B	
STREET ADDRESS	9000 N E 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HYWATHA JOYNER	
STREET ADDRESS	9620 NE 2ND AVE. MIAMI	
CITY-ST-ZIP	33138	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)