

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000051697

1. Entity Name
BAYMAR TRANSPORTATION, INC.

Principal Place of Business
8306 MILLS DRIVE, #438
MIAMI FL 33183

Mailing Address
8306 MILLS DRIVE, #438
MIAMI FL 33183

2. Principal Place of Business
8533 SW 133 PLACE

3. Mailing Address
8306 MILLS DRIVE, #438

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33183

Country

Zip
33183

Country

4. FEI Number
65-0928959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VARGAS LINDA
13751 SW 49 STREET
MIAMI FL 33175 US

7. Name and Address of New Registered Agent

Name
VARGAS LINDA

Street Address (P.O. Box Number is Not Acceptable)
8533 SW 133 PLACE

City
MIAMI FL

Zip Code
33183

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 _____ DATE 04/27/2001

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, 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	STREET ADDRESS	CITY-ST-ZIP	FL	33183	Delete
		VARGAS LINDA	8533 SW 133 PLACE	MIAMI			☐
							☐
							☐
							☐
							☐
							☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Linda Vargas

Pres 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)