

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90039 023 \*\*\*158.75

**DOCUMENT # P99000053100**

1. Entity Name

**R & R TRANSPORT, INC.**

Principal Place of Business

Mailing Address

**8706 SOUTHWEST 145 ST  
 MIAMI FL 33176-8037**

**8706 SOUTHWEST 145 ST  
 MIAMI FL 33176-8037**

**821478**

2. Principal Place of Business

3. Mailing Address

**18618 SW 100 AVE**

**18618 SW 100 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLA.**

City & State

**MIAMI, FLA.**

4. FEI Number

**45-0926634**

Applied For

Not Applicable

Zip

Country

**33157-5720 U.S.**

Zip

Country

**33157-5720 U.S.**

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

**ROBINSON, ROBERT R III  
 8706 SOUTHWEST 145 ST  
 MIAMI FL 33176-8037**

Name **ROBERT R. ROBINSON III**

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

**18618 SW 100 AVE**

City

**MIAMI**

**FL**

Zip Code

**33157-5720**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PRESIDENT**  
 STREET ADDRESS **ROBERT R. ROBINSON III**  
 CITY-ST-ZIP **18618 SW 100 AVE**  
**MIAMI, FL 33157-5720**

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

TITLE ☐ Delete  
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 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: **ROBERT R. ROBINSON III**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-8-00** Daytime Phone # **305-971-4089**

CR2E034 (9/99)