## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 25, 2002 8:00 am Secretary of State P99000053100 DOCUMENT # 1. Entity Name R & R TRANSPORT, INC. 03-25-2002 90050 030 \*\*\*158.75 Principal Place of Business Mailing Address 18618 SW 100 AVE 18618 SW 100 AVE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0926634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, ROBERT R III Street Address (P.O. Box Number is Not Acceptable) 18618 SW 100 AVE MIAMI FL 33159 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE R2E034 (9/01) ☐ Change ROBINSON, ROBERT R III NAME 18618 SW 100 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33157-5720 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplier. All report is true and accurate and they my signature sharphave the same legal effect as if made under oath; that I am an officer or director of the corporation or the ecover of trustee expowered 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 accurate and the report of the 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 accurate and the report of the execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if

OBERT

RINTED NAME OF SIGNING OF

**FILED** 

305.971.4089