

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000054274**

1. Entity Name

REAL TRANSPORT, INC.**FILED**
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90064 038 ***150.00

Principal Place of Business

Mailing Address

~~220 NE 13TH ST~~
~~POMPANO BEACH FL 33060~~~~220 NE 13TH ST~~
~~POMPANO BEACH FL 33060-5751~~**C0036313**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1100 NE 25TH ST.**1100 NE 25TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BCH. FL.

City & State

POMPANO BCH. FL.

Zip

Country

33064**BROWARD.**

Zip

Country

33064**BROWARD**

4. FEI Number

65-0927515

Applied For

☒ Not Applicable5. 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

Name

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

City

FL

Zip Code

KORTHALS, JOHN L
1401 E ATLANTIC BLVD
POMPANO BEACH FL 33060

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Real L. Gagnon***PRES.****3-6-2000**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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, REAL L 1100 NE 25TH ST POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Real L. Gagnon***PRES.**

Date

Daytime Phone #

3-6-2000**954-943-5288**