

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069797

1. Entity Name

WHITE Auto Transport, INC.

FILED

00 APR 11 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

8892 N.W. 112 TERR

3. Mailing Address

8892 N.W. 112 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HiALEAH GARDEN

City & State

HiALEAH GARDEN

4. FEI Number

65-0938857

Applied For

Not Applicable

Zip

33018

Country

DADE

Zip

33018

Country

DADE

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

Name

JOEL HERRERA

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

4450 W. 16 AVE Apt. 419

City

HiALEAH

FL

Zip Code
33012

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/00
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

TITLE ☒ Delete

NAME P Rodriguez, Luis

STREET ADDRESS 407 ARAGON AE

CITY-ST-ZIP Coral Gables FL 33134

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME JOSEPH ALVAREZ

STREET ADDRESS 8892 N.W. 112 TERRACE

CITY-ST-ZIP HiALEAH GARDEN, FL 33018

TITLE ☐ Change ☒ Addition

NAME MIGUEL A. SALAZAR

STREET ADDRESS 4450 W. 16 AVE Apt. 419

CITY-ST-ZIP HiALEAH FLA. 33012

TITLE ☐ Change ☒ Addition

NAME JOEL HERRERA

STREET ADDRESS 4450 W. 16 AVE Apt. 419

CITY-ST-ZIP HiALEAH FL 33012

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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****150.00 ****150.00

SP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
Date

Daytime Phone #