

2001 UNIFORM BUSINESS REPORT (UBR)

0101226

DOCUMENT # P99000069797

1. Entity Name

WHITE AUTO TRANSPORT, INC.

FILED

01 APR -9 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8892 N.W. 112TH TERR
HIALEAH GARDEN FL 33018

Mailing Address

8892 N.W. 112TH TERR
HIALEAH GARDEN FL 33018

2. Principal Place of Business

585 N.W. 135 TERR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

4. FEI Number

65-0938857

Applied For

Not Applicable

Zip

33325

Country

U.S.A.

Zip

Country

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

HERRERA, JOEL
4450 W. 16TH AVE., APT 419
HIALEAH FL 33012

Name

SALAZAR, MIGUEL A.

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

4450 W. 16TH 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.

X 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALVAREZ, JOSEPH
STREET ADDRESS 8892 N.W. 112TH TERR
CITY-ST-ZIP HIALEAH GARDEN FL 33018

☒ Delete

TITLE P
NAME MACHADO, PABLO
STREET ADDRESS 585 N.W. 135 TERR.
CITY-ST-ZIP PLANTATION, FL. 33325

☒ Change ☐ Addition

TITLE VP
NAME SALAZAR, MIGUEL A
STREET ADDRESS 4450 W. 16TH AVE., APT 419
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME HERRERA, JOEL
STREET ADDRESS 4450 W. 16TH AVE., APT 419
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME MACHADO, PABLO C
STREET ADDRESS 585 N.W. 135 TERR.
CITY-ST-ZIP PLANTATION FL 33325

☒ Delete

TITLE S
NAME ELOY LOPEZ
STREET ADDRESS 11360 S.W. 186 ST.
CITY-ST-ZIP MIAMI, FL 33157

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

PABLO MACHADO 4-5-01 (954) 275-2512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)