

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90019 040 ***150.00

0146571
 AV

DOCUMENT # P99000070803

1. Entity Name
PROGRESAR TRANSPORTES, INC.

Principal Place of Business
 5044 NW 105 DR
 CORAL SPRINGS FL 33076

Mailing Address
 5044 NW 105 DR
 CORAL SPRINGS FL 33076



2. Principal Place of Business
 5044 NW 105th DR
 Suite, Apt. #, etc.

3. Mailing Address
 5044 NW 105th DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Coral Springs, FL

City & State
 Coral Springs, FL

Zip
 FL 33076

Country
 US

Zip
 33076

Country
 US

4. FEI Number 65-0939308

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CASTRILLON, RENE
 5044 N.W. 105 DR
 CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D CASTRILLON, RENE 5044 NW 105 DR CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: René Castillon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2002 954 227-5550
 Date Daytime Phone #

CR2E034 (9/01)