

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90276 030 \*\*\*150.00

**DOCUMENT # P99000077664**

1. Entity Name  
**GRAND PRIX TRANSPORT & LEASING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>9130 S. DADELAND BLVD<br>MIAMI FL 33156 | Mailing Address<br>9130 S. DADELAND BLVD<br>MIAMI FL 33156 |
|--|--|

DUU14371



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>9130 S. DADELAND BLVD.</b> | 3. Mailing Address<br><b>9130 S. DADELAND BLVD.</b> |
|---|---|

|  |  |
|--|--|
| Suite, Apt. #, etc.<br><b>SUITE 1628</b> | Suite, Apt. #, etc.<br><b>SUITE 1628</b> |
|--|--|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>MIAMI, FL.</b> | City & State<br><b>MIAMI, FL.</b> |
|-----------------------------------|-----------------------------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0948141</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33156</b> | Country<br><b>USA</b> | Zip<br><b>33156</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**YANOWITCH, PETER**  
**800 BRICKELL AVE., SUITE 550**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State<br><b>FL</b>                                 |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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**

| 11. OFFICERS AND DIRECTORS      |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|--|---|------|
| TITLE                           | NAME   | TITLE   | NAME |
| <input type="checkbox"/> Delete | <b>D</b><br><b>SANCHEZ, RALPH</b><br>9540 JOURNEY'S END RD.<br>CORAL GABLES FL 33156 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | <b>VP</b><br><b>DOMINICIS, JORGE L</b><br>8200 SW 156TH ST<br>MIAMI FL 33157         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jorge L. Dominicus **JORGE L. DOMINICIS** 1/11/01 305-670-4343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)