

03-24-2003 91016 020 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000083499

1. Entity Name  
**MCKENZIE TRANSPORT, INC.**



**10046681**

Principal Place of Business  
 18007 N.W. 68TH AVENUE, #U103  
 MIAMI LAKES, FL 33015

Mailing Address  
 18007 N.W. 68TH AVENUE, #U103  
 MIAMI LAKES, FL 33015

2. Principal Place of Business  
 4000 NW 179 St  
 Suite, Apt. #, etc.

3. Mailing Address  
 4000 NW 179 St  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
 Miami FL  
 Zip 33055 Country U.S.A

City & State  
 Miami FL  
 Zip 33055 Country USA

4. FEI Number **65-0973294** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCKENZIE, ANITA A  
 18007 N.W. 68TH AVENUE, #U103  
 MIAMI LAKES, FL 33015

7. Name and Address of New Registered Agent  
 Name **McKenzie Anita A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4000 NW 179 St**  
**Miami**  
 City **MIAMI** FL Zip Code **33055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anita A McKenzie*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when submitting)

DATE



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MCKENZIE, ANITA A	18007 N.W. 68TH AVENUE, #U103	MIAMI LAKES, FL 33015	<input type="checkbox"/>
PD	MCKENZIE, CALVIN	18007 N.W. 68TH AVENUE, #U103	MIAMI LAKES, FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Anita A McKenzie* 3/19/03 305 610-0445  
 Signature, typed or printed name of signing officer or director Date Office Phone #

CR20034 (10/02)