

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090393

1. Entity Name

MEDAL GOLDEN TRANSPORT, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93597 035 ***150.00

Principal Place of Business

7880 NW 170 terr
Miami FL 33015

Mailing Address

7880 NW 170 terr
Miami FL 33015

673665

2. Principal Place of Business

7880 NW 170 terr

3. Mailing Address

7880 NW 170 terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33015

Country

US

Zip

33015

Country

US

4. FEI Number

65-0954170

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAENZ SANDRA
7880 NW 170 terr
Miami FL 33015

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 of person named in registered agent certificate (required)

(If not, registered agent signature required when translating)

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, 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

TITLE D
NAME SAENZ SANDRA
STREET ADDRESS 7880 NW 170 terr
CITY-ST-ZIP Miami FL 33015 ☐ Delete

TITLE S
NAME SAENZ SANDRA
STREET ADDRESS 7880 NW 170 terr
CITY-ST-ZIP Miami FL 33015 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Saenz Sandra