

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098293

1. Entity Name

CAOAN TRANSPORTATION COMPANY

Principal Place of Business

4515 OAK CREEK STREET. #113
ORLANDO FL 32835

Mailing Address

4515 OAK CREEK STREET. #113
ORLANDO FL 32835

2. Principal Place of Business

5506 METROWEST BLVD.

Suite, Apt. #, etc.

210

3. Mailing Address

5506 METROWEST BLVD

Suite, Apt. #, etc.

210

City & State

ORLANDO FL.

City & State

ORLANDO FL.

Zip

32811

Country

Zip

32811

Country

4. FEI Number

59-3609160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORO, RUBEN D
7345 SAND LAKE ROAD
SUITE 201
ORLANDO FL 32819

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.
(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

TITLE DPT
NAME SANTOS, ANDREA ☐ Delete
STREET ADDRESS 4515 OAKCREEK ST 113
CITY-ST-ZIP ORLANDO FL 32835

TITLE DVPS
NAME SANTOS, CARLOS ☒ Delete
STREET ADDRESS 4515 OAKCREEK ST 113
CITY-ST-ZIP ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D-VP-S
NAME LIMEIRA TEIMANI L ☐ Change ☒ Addition
STREET ADDRESS 6192 RALEIGH ST #311
CITY-ST-ZIP ORLANDO FL. 32835-2203

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2001

Date

(407) 468-7114

Daytime Phone #

CR2E034 (10/00)

0089114

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90023 008 ***150.00

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DO NOT WRITE IN THIS SPACE