

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90080 001 \*\*\*550.00

**DOCUMENT # G94846**

1. Entity Name

**ALOMAR TRANSPORT OF FLORIDA, INC.**

Principal Place of Business

7535 NW 52ND STREET  
 MIAMI FL 33166  
 US

Mailing Address

7535 NW 52ND STREET  
 MIAMI FL 33166  
 US

2 Principal Place of Business

2801 NW 74th Avenue

Suite, Apt. #, etc.  
 Suite D & F

City & State  
 Miami, FL

3 Mailing Address

2801 NW 74th Avenue

Suite, Apt. #, etc.  
 Suite D & F

City & State  
 Miami, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2400573**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip Country Zip Country  
 33122 Miami Dade 33122 Miami Dade

6. Name and Address of Current Registered Agent

**SANCHEZ, GUILLERMO**  
 10755 NW 49TH MANOR  
 CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name **Guillermo Sanchez**  
 Street Address (P.O. Box Number is Not Acceptable)  
 21820 Contado Road  
 City **Boca Raton** **FL** Zip Code **33433**

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 **GUILLERMO SANCHEZ -SEC/TREA-**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*  
 08/01/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANCHEZ, GUILLERMO</b> <b>9833 WESTVIEW DR., APT 834</b> <b>CORAL SPRINGS FL 33076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Guillermo Sanchez</b> <b>21820 Contado Road</b> <b>Boca Raton, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.

**SIGNATURE:**

**GUILLERMO SANCHEZ-SEC.TREA- .07/31/00 305-591-7244**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)