

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # P00000112287**

1. Entity Name

**F & B TRANSPORT, INC.**

02-14-2001 90020 027 \*\*\*\*15.00

07-25-2001 90013 039 \*\*\*\*135.00

Principal Place of Business

**15629 S.W. 73RD CIRCLE TERRACE**

**#98**

**MIAMI FL 33193**

Mailing Address

**15629 S.W. 73RD CIRCLE TERRACE**

**#98**

**MIAMI FL 33193**

(LA)

100001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15629 SW 73 CIR #98**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**FL**

4. FEL Number

**65-1059590**

Applied For

Not Applicable

Zip

**33193**

Country

**DADE**

Zip

**33193**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WETTSTEIN, BARBARA B**

**15629 S.W. 73RD CIRCLE TERRACE**

**#98**

**MIAMI FL 33193**

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 \$550.00**

**After September 12, 2001 Fee 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

TITLE **PD** ☐ Delete  
NAME **WETTSTEIN, BABABRA B**  
STREET ADDRESS **15629 S.W. 73RD CIRCLE TERRACE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VD** ☐ Delete  
NAME **ANTONELLI, FRANK**  
STREET ADDRESS **15629 S.W. 73RD CIRCLE TERRACE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/16/01 3055956675

0060115 AV

CR2E034 (5/01)

Attachment # ~~F~~ P00000112287  
173661

**F&B TRANSPORT, INC**  
**Phone - 305-595-6675 \* Fax - 305-595-6177**

**Miami, FL 07/18/01**

**TO: STATE OF FLORIDA  
DOC P00000112287**

***On February 8, 2001, I mailed in the report and sent the incorrect amount  
on the check.***

***I never received the letter from you, just another form.  
I call your office and they told to send the check, with the letter for  
\$135.00 (One hundred thirty five dollars)***

***Thanks for your attention,***



**FRANK ANTONELLI**