

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564160

1. Entity Name

PROFESSIONAL TRANSPORT SYSTEMS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90227 035 ***150.00

Principal Place of Business

225 SOUTHWEST 21ST TERRACE
FT. LAUDERDALE FL 33312

Mailing Address

P.O. BOX 100
FORT LAUDERDALE FL 33302

00050966



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1838263**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMIANO, JOSEPH
225 SOUTHWEST 21 TERRACE
FT. LAUDERDALE FL 33312

Name

ALBERT GIMBEL ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

215 SOUTH MONROE STREET

City

TALLAHASSEE

FL

Zip Code

32302-1876

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 *Joseph Damiano* JOSEPH DAMIANO

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DAMIANO, JOSEPH
STREET ADDRESS 225 S.W. 21ST TERR
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE BD
NAME DAMIANO, MARGARET
STREET ADDRESS 225 S.W. 21ST TERR
CITY-ST-ZIP FT. LAUDERDALE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 another, like empowered.

SIGNATURE:

Joseph Damiano JOSEPH DAMIANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH DAMIANO

APRIL 30, 2001

Date

Daytime Phone #

CR2E034 (10/00)