

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754432

1. Entity Name

MERCURY TRANSPORTATION SERVICES, INC.

Principal Place of Business

Mailing Address

740 ALTON RD.
MIAMI BCH FL 33139
US

740 ALTON ROAD
MIAMI BCH FL 33139-5504
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BRETT, DAVID
740 ALTON RD
MIAMI BEACH FL 33139

Andrew Roth

740 Alton Rd

M.B. FL

33139

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
ROTH, ANDREW
740 ALTON ROAD
MIAMI BEACH, FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
GOMBERG, ROMAN
740 ALTON RD.
MIAMI BCH FL 33139

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAPISMEDOV, A
740 ALTON RD
MIAMI BCH FL 33139

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUBLINSKI, L
740 ALTON RD
MIAMI BCH FL 33139

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHVARTSMAN, BORIS
740 ALTON RD.
MIAMI BEACH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILBERBERG, SEMYON
740 ALTON RD
MIAMI BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Secy-Treas
Yehuda Arach
740 Alton Rd
M-B FL 33139

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

KE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

SILBERBERG, SEMYON Roth

4/12/00

305-534-0694

FILED

00 APR 25 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4/19/00 90054 037 \$61.25

4. FEI Number

59-2060906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)