

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90172 009 \*\*\*\*61.25

**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  
 US**

00000001

2. Principal Place of Business

3. Mailing Address

**SAME AS ABOVE**

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2060906**

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

**ROTH, ANDREW  
 740 ALTON RD  
 MIAMI BEACH FL 33139**

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

*Andrew Roth*

**ANDREW ROTH**

**4-15-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **ROTH, ANDREW**  
 CITY-ST-ZIP **740 ALTON ROAD**  
**MIAMI BEACH, FL 00000**

TITLE ☐ Change ☒ Addition  
 NAME **Secy-Treas**  
 STREET ADDRESS **Yehuda Aron**  
 CITY-ST-ZIP **740 ALTON RD**  
**MI. B FL 33139**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GOMBERG, ROMAN**  
 CITY-ST-ZIP **740 ALTON RD.**  
**MIAMI BCH. FL 33139**

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

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

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

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

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **SHVARTSMAN, BORIS**  
 CITY-ST-ZIP **740 ALTON RD**  
**MIAMI BEACH FL**

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

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

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

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: *Boris Shvartsman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHVARTSMAN**

**4-15-02**

**305-534-0974**

CR2E037 (9/01)