

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M13286

1. Entity Name

TRANSCOR OF MIAMI, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90054 005 ***150.00

Principal Place of Business

1120 N.W. 165TH STREET
MIAMI FL 33169
US

Mailing Address

1120 N.W. 165TH STREET
MIAMI FL 33169-5835
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0237867

Applied For

Not Applicable

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

LIONETTI, JOSEPH
3380 NW 114TH ST
STE 610
MIAMI FL 33167

Name

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

1120 NW 165 Street

City

Miami

FL

Zip Code

33169

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/00

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 \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LIONETTI, JOSEPH 3380 NW 114TH ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WEISS, HOWARD 3380 NW 114TH ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, JOSEPH 3380 NW 114TH ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1120 NW 165 Street Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1120 NW 165 Street Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
1120 NW 165 Street Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

305-685-3200

CR2E034 (9/99)