

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # M50306**

1. Entity Name  
**AMERITRANS EXPRESS, INC.**

Principal Place of Business  
 7215 NW 41ST STREET  
 UNIT J  
 MIAMI FL 33166 US

Mailing Address  
 PO CONS23541 GMF  
 MIAMI FL 33152 US

2. Principal Place of Business  
 7215 NW 41ST STREET

3. Mailing Address  
 PO BOX 523541 GMF

Suite, Apt. #, etc.  
 UNIT K

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI FL

City & State  
 MIAMI FL

4. FEI Number  
**59-2801270**  
 Applied For  
 Not Applicable

Zip Country  
 33166 US

Zip Country  
 33152 US

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

**ESTRADA, LUZ D.**  
 7215 NW 41ST STREET  
 UNIT J  
 MIAMI FL 33166 US

Name  
**ESTRADA, LUZ D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 7215 NW 41ST STREET  
 UNIT K  
 City MIAMI FL Zip Code 33166

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 \_\_\_\_\_ **04/26/2001**  
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 STD  Delete  
 NAME LEON YANNINE  
 STREET ADDRESS 7215 NW 41ST STREET UNIT J  
 CITY-ST-ZIP MIAMI FL 33166

TITLE SDT  Change  Addition  
 NAME LEON YANNINE  
 STREET ADDRESS 7215 NW 41ST STREET UNIT K  
 CITY-ST-ZIP MIAMI FL 33166

TITLE VD  Delete  
 NAME LEON DIANGELLY  
 STREET ADDRESS 7215 NW 41ST STREET UNIT J  
 CITY-ST-ZIP MIAMI FL 33166

TITLE VPD  Change  Addition  
 NAME LEON DIANGELLY  
 STREET ADDRESS 7215 NW 41ST STREET UNIT K  
 CITY-ST-ZIP MIAMI FL 33166

TITLE PD  Delete  
 NAME ESTRADA LUZ D  
 STREET ADDRESS 7215 NW 41ST STREET UNIT J  
 CITY-ST-ZIP MIAMI FL 33166

TITLE PD  Change  Addition  
 NAME ESTRADA LUZ D  
 STREET ADDRESS 7215 NW 41ST STREET UNIT K  
 CITY-ST-ZIP MIAMI FL 33166

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: LUZ D ESTRADA** PD **04/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)