FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 FEB 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016485

1. Entity Name
Blue Line Transportation Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3201 N.W. 36th St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33142 Country	Zip Country

DO NOT WRITE IN THIS SPACE 03-04

4. FEI Number 650982371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Jose A. Triana
Street Address (P.O. Box Number is Not Acceptable): 3201 N.W. 36th St
City: Miami, FL 33142 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________ REINSTATEMENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pd
NAME	Jose A. Triana
STREET ADDRESS	3201 N.W. 36th St
CITY-ST-ZIP	Miami, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000030384030
03/12/04--01050--029 **300.00

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 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 #

Division of Corporations
P.O.BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 300.00 for the annual report fee with my application.

Please be advise that we moved to 3201 NW 36TH ST MIAMI, Fl 33142 since December of 2002 and we not received the U.B.R. for the year ,2003, 2004 or any other notice from the Division of Corporations in respect with my Corporation **BLUE LINE TRANSPORTATION SERVICES , INC.**

JOSE R TRIANA
PRESIDENT