

**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
3201 N.W. 36th ST

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33142

Country

4. FEI Number
650982371

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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

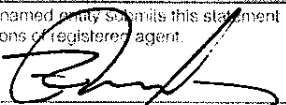
City
Miami, FL

State
FL

Zip Code
33142

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<i>Jose A. Triana</i>	<i>3201 N.W. 36th ST</i>	<i>Miami, FL 33142</i>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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 #

CR2E034B (12/02)

2 of 2

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.**

A handwritten signature in black ink, appearing to read 'Jose R Triana', with a stylized flourish at the end.

JOSE R TRIANA
PRESIDENT