

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 443296

1. Entity Name

TIFFANY TRANSPORTATION COMPANY, INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 015 ***150.00

Principal Place of Business

4445 N.W. 97 AVE.
MIAMI FL 33178
US

Mailing Address

4445 N.W. 97 AVE.
MIAMI FL 33172-2538
US

2. Principal Place of Business

10300 NW 19th

Suite, Apt. #, etc.

Suite 111

City & State

MIAMI FL

Zip

33172

Country

3. Mailing Address

10300 NW 19th

Suite, Apt. #, etc.

Suite 111

City & State

MIAMI FL

Zip

33172

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1502079

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

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

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

[Signature]

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, 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	P	<input type="checkbox"/> Delete
NAME	AVERSA, JOSEPH F.	
STREET ADDRESS	100 BAYVIEW DR. APT 1117	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LINDA G AVERSA	
STREET ADDRESS	100 BAYVIEW DRIVE #1117	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)