

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90195 037 ***158.75

DOCUMENT # M50306 ✓
1. Entity Name
 AMERITRANS EXPRESS INC.

Principal Place of Business **Mailing Address**
 7215 N.W. 41st STREET P.O. BOX 523541 G.M.F.
 BAY B MIAMI, FL. 33152-3541
 MIAMI, FL. 33166

2. Principal Place of Business **3. Mailing Address**
 7215 N.W. 41st STREET P.O. BOX 523541 G.M.F.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 BAY B MIAMI, FL. 33152-3541

City & State **City & State**
 MIAMI, FLORIDA MIAMI, FLORIDA

Zip **Country** **Zip** **Country**
 33166 USA 33152-3541 USA

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

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

6. Name and Address of Current Registered Agent
 LUZ D. ESTRADA
 7215 N.W. 41st STREET BAY B
 MIAMI, FL. 33166

7. Name and Address of New Registered Agent
 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 _____ (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

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ESTRADA, LUZ D. | |
| STREET ADDRESS | 7215 N.W. 41st STREET BAY B | |
| CITY-ST-ZIP | MIAMI, FL. 33166 | |
| TITLE | CSD | <input checked="" type="checkbox"/> Delete |
| NAME | MARTIN, LEON | |
| STREET ADDRESS | 7102 N.W. 50th STREET | |
| CITY-ST-ZIP | MIAMI, FL. 33166 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIANGELLY ESTRADA | |
| STREET ADDRESS | 7215 N.W. 41st STREET BAY B | |
| CITY-ST-ZIP | MIAMI, FL. 33166 | |
| TITLE | SD T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YANNINE ESTRADA | |
| STREET ADDRESS | 7215 N.W. 41st STREET BAY B | |
| CITY-ST-ZIP | MIAMI, FL. 33166 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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/PRESIDENT** **01-27-00** **(305)591-8111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)