## 2007

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 19, 2007 8:00 am Secretary of State

DOCUN  1. Entity Name			04-19-2007 90202 037 ***150.00					
,	ansportation Serv	vices, Inc.						
	DO NOT WRITE	IN THE CRACE		_				
	DO NOT WRITE			40070788				
				<u> </u>				
•	Place of Business S.W. 86th Ave.	3. Mailing Address 16802 S.W. 8	B6th Ave.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Palmetto Bav, FL		City & State Palmetto Bay, FL		_	la a la		Applied For Not Applicable	
Zip	Country	Zip (	Country		ertificate of Status Desired		Additional	
<u>33157-4</u>	4622 IUSA   DO NOT WRITE IN TH		JSA		and Address of Current Register	Fee Re ed Agent		
			Name	***		<u></u>	·	
			Street Addres	ss (P.O. Bo	George ox Number is Not Acceptable)			
			16802	S.W.	86th Ave.			
			- City			7io C	· · · · · · · · · · · · · · · · · · ·	
			Palmet	to Ba	<sub>ay</sub> FL	Zip C - 33	157-4622	
	e named entity submits this statement of the obligations of registered agent.	for the purpose of changing	) its registered office o	r registere	d agent, or both, in the State of Flor	ida, i am	ramiliar with,	
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable	(NOTE: Registered	Agent signs	sture required when reinstating)	DAT		
Jai	nuary 1 - May 1 Fee is \$150.00							
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	tate			Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI							
TITLE	D/P		TITLE	,				
NAME STREET ADDRESS	Alvarado, Aura L.  16802 S.W. 86th Ave.		NAME STREET ADDRESS					
CITY - ST - ZIP	Palmetto Bay, FL 33157		CITY - ST - ZIP					
TITLE	D/T		TITLE					
NAME	Alvarado, George 16802 S.W. 86th Ave.		NAME					
STREET ADDRESS CITY - ST - ZIP	Palmetto Bay, FI		STREET ADDRESS					
TITLE	D/S	3 33137	TITLE					
NAME	Alvarado, Kather	_	NAME				_	
STREET ADDRESS CITY - ST - ZIP	16802 S.W. 86th   Palmetto Bay, FI		STREET ADDRESS	D(	O NOT WRITE IN THIS	S SPA	CF	
TITLE	raimecco bay, ri	1 00101	TITLE		<u> </u>	<u> </u>		
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informatio	ertify that the information supplied with on indicated on this report of supplieme or director of the corporation or tife re- n Block 10 or on an attachment with ar	inital report is true and accu	rate and that my signa	ature shall	have the same legal effect as if man	de under i	oath; that I am	
appears in	n Block 10 or on/a/i attachment/with/ar	yaddiress/ with all other like	e empowered.		ulalati			
SIGNAT	URE: <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<i>W// JU/</i> G	<u>eorge Alva</u>	arado	7/9/0/ 30	<u>5-25</u>	5-1747	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNIN	G OFFICER OR DIREC	TOR	Date Dayti	me Phone	#	

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