

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90108 024 ***150.00

DOCUMENT # 174619	
1. Entity Name	
TRANSPORT REALTY CO.	

Principal Place of Business	Mailing Address
P.O. BOX 245 12805 N.W. 42 AVE. OPA LOCKA FL 33054	P.O. BOX 245 12805 N.W. 42 AVE. OPA LOCKA FL 33054-4401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-0871070	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ALTERMAN, SIDNEY 12805 N.W. 42 AVE. OPA LOCKA FL 33054	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ALTERMAN, BRYAN S.
STREET ADDRESS	12805 N.W. 42ND AVE.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	PD <input type="checkbox"/> Delete
NAME	ALTERMAN, SIDNEY
STREET ADDRESS	12805 N.W. 42ND AVE.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	S <input type="checkbox"/> Delete
NAME	LIVIGNI, ROY
STREET ADDRESS	12805 N.W. 42ND AVE.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	VD <input type="checkbox"/> Delete
NAME	ALTERMAN, RICHARD C.
STREET ADDRESS	12805 N.W. 42ND AVE.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	ROARK, VERMON
STREET ADDRESS	12805 N.W. 42ND AVE.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	TVD <input checked="" type="checkbox"/> Delete
NAME	ALTERMAN, JOHN
STREET ADDRESS	12805 N.W. 42ND AVE.
CITY-ST-ZIP	OPA LOCKA FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 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 lines empowered.	
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SIGNATURE:	3/15/2000 (305) 688-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (9/99)