## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE

with all other like empowered.

CER OR DIRECTOR

## FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 201730** 1. Entity Name ATLANTIC RAILROAD MAINTENANCE INC. 01-18-2000 90192 048 \*\*\*150.00 Mailing Address Principal Place of Business 20500 N.W. 23 AVE. 20500 N.W. 23 AVE. OPALOCKA FL 33056-1675 701953 OPALOCKA FL 33056 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1948350 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDERS, SARAH Street Address (P.O. Box Number is Not Acceptable) 20500 NW 23 AVENUE **MIAMI FL 33056** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE SANDERS, SARAH NAME STREET ADDRESS 20500 N.W. 23 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPALOCKA FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

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