

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90017 025 \*\*\*150.00

**DOCUMENT # 564160**

1. Entity Name  
**PROFESSIONAL TRANSPORT SYSTEMS, INC.**

Principal Place of Business  
**225 SOUTHWEST 21ST TERRACE**  
**FT. LAUDERDALE FL 33312**

Mailing Address  
**P.O. BOX 100**  
**FORT LAUDERDALE FL 33302**

2. Principal Place of Business  
**362 N.W. 27th AVENUE**  
 Suite, Apt. #, etc.  
**FT LAUDERDALE**

3. Mailing Address  
**P.O. BOX 100**  
 Suite, Apt. #, etc.

**CITY**

City & State  
**FT LAUDERDALE, FL**

City & State  
**FT LAUDERDALE, FL**

Zip  
**33311**

Country  
**BROWARD**

Zip  
**33311**

Country  
**BROWARD**

## 6. Name and Address of Current Registered Agent

**GIMBEL, ALBERT ESQ**  
**215 SOUTH MONROE STREET**  
**TALLAHASSEE FL 32302-1876**

**NO LONGER  
 DELETE**

## 7. Name and Address of New Registered Agent

Name

**JOSEPH DAMIANO**

Street Address (P.O. Box Number is Not Acceptable)  
**362 N.W. 27th AVENUE**

City

**FT LAUDERDALE, FL**

**FL**

Zip Code  
**33311**

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

**JOSEPH DAMIANO**

**APRIL 30th, 2002**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>DAMIANO, MARGARET</b> <b>225 S.W. 21ST TERR</b> <b>FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SEC. &amp; DIRECTOR</b></del> <del><b>JOSEPH DAMIANO</b></del> <del><b>362 N.W. 27th AVENUE</b></del> <del><b>FT. LAUDERDALE FL 33311</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR &amp; SECRETARY</b> <b>JOSEPH DAMIANO</b> <b>362 N.W. 27th AVENUE</b> <b>FT LAUDERDALE, FL 33311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**JOSEPH DAMIANO**

**APRIL 30th, 2002 954/581-1160**

Date

Daytime Phone #

CR2E034 (9/01)