2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689958  1. Entity Name  O K TRANSPORTATION SERVICES, INC.				Apr 19, 20 Secretar	Apr 19, 2000 8:00 am Secretary of State 04-19-2000 90093 011 ***158.75	
Principal Place of Business Mailing Address  15476 N.W. 77TH COURT. SUITE #348  15476 N.W. 77TH COURT. SUITE			UITE #249			
HIALEAH FL 33		HIALEAH FL 33016-5823		<b>u</b> • • ;		
2. Principal F 4200 Suite, Apt.	<del></del>	3. Mailing Address 4 200 NW  Suite, Apt. #, etc.	73 Avenu	DO NOT WRITE I	N THIS SPACE	
City & State		City & State  MIAMI, F	<u></u>	4. FEI Number 59-2033301	Applied For Not Applicable	
3316	Country USA  6. Name and Address of Curr	Zip 33/66	- USA	Certificate of Status Desired     Name and Address of New Regi	\$8.75 Additional Fee Required	
BARNETT, A WAYNE 4200 NW 73 AVENUE			Name Street Addr	ess (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33166		City		FL Zip Code	
Tax filing ( (See crite		ible FILE NOW!! After MAY 1, 200 Make Check Payab		.00 10. Election Campaign Financ	Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KEMP, DOROTHY B 15476 N.W. 77TH CT. #348 HIALEAH FL	ND DIRECTORS  Delete	NAME STREET ADDRESS	res/DFT ontois, PAUL 855 E. VAIIEG PACKUM	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETT, A. WAYNE 4200 NW 73RD AVENUE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS	ecretary/Directions of the second of the sec	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS KEMP, STUART P. 15476 N.W. 77TH CT. #348 HIALEAH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 (305) 593-8244

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