

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689958

1. Entity Name
O K TRANSPORTATION SERVICES, INC.

Principal Place of Business

4200 NW 73RD AVE
MIAMI FL 33166

Mailing Address

4200 NW 73RD AVE
MIAMI FL 33166

2. Principal Place of Business

4624 NW 74 AVE

Suite, Apt. #, etc.

3. Mailing Address

4624 NW 74 AVE

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, FL

Zip

33166

Country

U.S.A

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

BARNETT, A WAYNE
4200 NW 73 AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name Donna L. Miller

Street Address (P.O. Box Number is Not Acceptable)
4624 NW 74 AVE

City Miami

FL

Zip Code 33166

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: 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/01

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, 2001 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 PD
NAME COMTOIS, PAUL
STREET ADDRESS 1855 E. VALLEY PKWY #210
CITY-ST-ZIP ESCONDIDO CA 92027 ☐ Delete

TITLE SD
NAME BARNETT, A. WAYNE
STREET ADDRESS 4200 NW 73RD AVE
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME Donna L. Miller
STREET ADDRESS 4624 NW 74 AVE
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul ComTois

4/5/01

Date

305-593-58244

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90003 006 ***150.00