

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **730997** (4)

1. Corporation Name

**ALLIED BUS OPERATORS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

5340 S.W. 99TH AVE.  
MIAMI FL 33165

5340 S.W. 99TH AVE.  
MIAMI FL 33165

3. Date Incorporated or Qualified  
**10/23/1974**

3a. Date of Last Report  
**01/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

4. FEI Number  
**59-1643203**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERADSKY, SAMUEL  
328 MINORCA AVE.  
CORAL GABLES FL 33134

81 Name

**SHERADSKY SAMUEL**

82 Street Address (P.O. Box Number is Not Acceptable)

**6900 YUMURI ST.**

83

**CORAL GABLES, FL. 33146**

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
CINTRON, WILLIAM  
5340 SW 99TH AVE  
MIAMI, FL 00000**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STRONG, WALTER  
6850 NW 28TH AVE.  
MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**P. D.  
STRONG, WALTER  
735 N.W. 177 TERR.  
MIAMI, FL. 33169**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SIMPSON, JOHN  
2451 NW 139TH ST.  
OPA LOCKA FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**V. D.  
SIMPSON, JOHN  
12505 N.W. 118 AVE  
NORTH MIAMI, FL 33168**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ARMSTEAD, ALVIN  
3130 N.W. 50TH STREET  
MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMATHERS, EDDIE L.  
1932 NW 97TH ST.  
MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WAYE, RICHARD  
3450 NW 210TH TERR.  
CAROL CITY FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Cintron* **WILLIAM CINTRON**

Date

Daytime Phone #

**305-274-2608**

CR2E037 (12/95)