

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90263 034 ****61.25

DOCUMENT # 754432

1. Entity Name

MERCURY TRANSPORTATION SERVICES, INC.



Principal Place of Business

740 ALTON RD.
MIAMI BCH. FL 33139
US

Mailing Address

740 ALTON ROAD
MIAMI BCH FL 33139
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2060906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, ANDREW
740 ALTON RD
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andrew Roth

ANDREW ROTH

4-21-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTH, ANDREW	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMBERG, ROMAN	
STREET ADDRESS	740 ALTON RD.	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPISMEDOV, A	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBLINSKI, L	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHVARTSMAN, BORIS	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILBERBERG, SEMYON	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SHD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yehuda Aroch	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	M.B FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Boris Shvartsman

BORIS SHVARTSMAN

4-21-04

305-524-1694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #