

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90415 041 ****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 - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2060906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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

[Signature]

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

ANDREW ROTH

(NOTE: Registered Agent signature required when reappointing)

4-11-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	SAME AS FAMILIAR
CITY-ST-ZIP	740 ALTON RD MIAMI BEACH, FL 33139
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	<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 exemptions contained in Section 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BORIS SHVARTSMAN

4.11.07

Date

Daytime Phone #

305-537-0694