

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16791

1. Entity Name

ORLANDO TRANSPORTATION, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3: 05

Principal Place of Business

P.O. BOX 950
NEW RIVER STA.
FT. LAUDERDALE FL 33302

Mailing Address

221 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311-1757



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2397891

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMILLO, JOHN M.
1600 WEST COMMERCIAL BLVD.
FT LAUDERDALE FL 33309

Name

ROY COLLINS

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

221 W OAKLAND PARK BLVD

City

FT LAUDERDALE

FL

Zip Code
33311

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

R. G. Collins R. G. COLLINS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

4/25/00
DATE

9. Capital Contributions
as Shown on record.

\$1,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000087437
NAME CAPITAL TRANSPORTATION, INC.
STREET ADDRESS 221 W. OAKLAND PARK BLVD.
CITY - ST - ZIP OAKLAND PARK FL 33311-1757

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

4/21/00

(954) 493-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PHILIP E. MORGAMAN

Date

Daytime Phone #

CR2E003 (1/99)