

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51447

1. Entity Name

NATIONAL TRANSPORTATION SERVICE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90090 021 ***158.75

Principal Place of Business

Mailing Address

1150 N.W. 72ND AVE.
SUITE 355
MIAMI FL 33126

P.O. BOX 593492
MIAMI FL 33159-3492

2. Principal Place of Business

3. Mailing Address

13825 S.W. 90TH AVE #J107

P.O. Box 561773

Suite, Apt. #, etc.

Suite, Apt. #, etc.

J107

City & State

City & State

Miami FLA

Miami FLA

Zip

Country

Zip

Country

33176

DADE

33156

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, CARLOS P
13825 S.W. 90TH AVE #J107
MIAMI FL 33176

Name

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

City

FL

Zip Code

8. The above named entity admits 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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS BLANCO, CARLOS P
CITY-ST-ZIP 13825 S.W. 90TH AVENUE, #J107
MIAMI FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 all other like empowered.

SIGNATURE:

Carlo P. Blanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 (305) 255-4419

CR2E034 (9/99)