

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90221 017 ***158.75

DOCUMENT # H02417

1. Entity Name
PARATRANSIT SERVICES, INC.

Principal Place of Business

**55 NW 119 ST
 N MIAMI FL 33168
 US**

Mailing Address

**PO BOX 530963
 MIAMI SHORES FL 33166
 US**

00016383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2396553**

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

~~NEFF, MASI L.~~ **DIANA FLETCHER**
55 N W 119TH STREET
N MIAMI FL 33168

Name **DIANA FLETCHER**
 Street Address (P.O. Box Number Not Acceptable)
55 NW 119
 City **N. MIAMI** **FL** Zip Code **33168**

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 Masi L. Neff Diana Fletcher 2/6/01
 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, 2001 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 **PSD** ☐ Delete
 NAME **NEFF, MASI L.**
 STREET ADDRESS **55 NW 119 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **NEFF, MASI L.**
 STREET ADDRESS **8418 MAILLARD'S WAY**
 CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: Masi L. Neff MASI L. NEFF, President 2/6/01 (305) 751-1236
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0498244