

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94273

1. Entity Name

TRANSPORTATION PLANNING SERVICES, INC.



FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90055 028 ***558.75

Principal Place of Business

1380 STILLWATER DR
 MIAMI BEACH FL 33141
 US

Mailing Address

1380 STILLWATER DR
 MIAMI BEACH FL 33141
 US

2. Principal Place of Business

5100 N. OCEAN BLVD.

3. Mailing Address

5100 N. OCEAN BLVD.

Suite, Apt. #, etc.

1716

Suite, Apt. #, etc.

1716

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

4. FEI Number

59-2651051

Applied For

Not Applicable

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

BROWN, MICHAEL B
 1380 STILLWATER DR
 MIAMI BCH FL 33154

Name

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

5100 N. OCEAN BLVD.

1716

City

FT. LAUDERDALE

FL

Zip Code

33308

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 MICHAEL BROWN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 9, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PDST	<input type="checkbox"/> Delete
NAME	BROWN, MICHAEL B	
STREET ADDRESS	1380 STILLWATER DR	
CITY-ST-ZIP	MIAMI BCH FL 33141-1030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5100 N. OCEAN BLVD # 1716
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 9, 2000 (954) 783-7312
 Date Daytime Phone #

CR2E034 (5/00)