## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L43434** 1. Entity Name S.A.S. TRANSPORT, INC.

## **FILED** Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90005 017 \*\*\*150.00

Principal Place of Business Mailing Address					··	7							
7900 NW 27TH AVE 298 E PLAZA MIAMI FL 33147 US			1800 N FED HWY STE 104 POMPANO BEACH FL 33062 US				t 18611 <b>2</b> 31 <b>8</b> 21	I <b>alber</b> hilhi <b>albe</b> r h	niki <b>alah alah</b> i	1(1)( 1)		ila <b>a</b> k <b>a</b> ka 1 <b>00</b>	
2. Principal P	lace of Busin	ness	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4.	4. FEI Number 65-0177924				Applied For Not Applicable		
Zip Country			Zip	try	5. Certificate of Status Desired				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of New	Registere	ed Age	ent		
			<u> </u>		Name		·		<del>*</del>		<del></del>		
	NW 27TH AVE E PLAZA MI FL 33147  Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  City & State  Zip  Country  Zip  6. Name and Address of Current Registered Agent  WITT, WM M  7900 NW 27 AVE  STE 298 MIAMI FL 33147  The above named entity submits this statement for the purpose of changing its re  Signature, typed or printed name of registered agent and stie if applicable.  (NOTE: R  Signature, typed or printed name of registered agent and stie if applicable.  (NOTE: R  This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Gee criteria on back)  OFFICERS AND DIRECTORS  P  WITT, WM MD  7900 NW 27 AVE  MIAMI FL  E  E  E  CITY & State  INOTE: R  After MAY 1, 2000  Make Check Payable  OFFICERS AND DIRECTORS  P  WITT, WM MD  7900 NW 27 AVE  MIAMI FL  E  SCHULTE, ROBERTA 7900 NW 27TH AVE  MIAMI FL  ST Delete  ET ADDRESS  THORITION OF THE AVE  MIAMI FL  E  E  ET ADDRESS  TO Delete  Delete  Delete  Delete		Street Address	(P.O. Box Number is Not Acceptable)									
STE	298												
MIAN	WI FL 33147			City				F	FL_	Zip Cod	е		
8. The above	named entity	y submits this statement for t	he purpose of changing its	registere	ed office or regist	ered ag	gent, or both,	in the State of I	Florida.				
SIGNATURE.	Signature typed	or printed name of registered event agent	title if englicable (NOTE	- Aggietare	d Agent signature requir	rad when r	reinstaturo)		. DAT	F			
	aignature, typeo	or printed harrie or registated agent and	The Happing Co.	- Troglotoro	o rigorii oigitatata taqui								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  M			After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			1	ion Campaign I Fund Contribut	_			<b>0</b> May Be d to Fees	
11,		OFFICERS AND D	L IRECTORS	12.		АГ	DDITIONS/C	HANGES TO O	FFICERS A	ND D	IRECTOR	S IN 11	
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13. I hereby o	certify that the	e information supplied with the	his tiling does not qualify for	the exe	mption stated in S	Section	i 119.07(3)(i),	Fiorida Statute	s. I further	certify	that the i	ntormation	

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

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