

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90119 018 \*\*\*150.00

**DOCUMENT # L44993**

1. Entity Name

AMERITRAIL, INC.



Principal Place of Business

115 NW 167TH ST  
STE 300  
N MIAMI BEACH FL 33169  
US

Mailing Address

115 NW 167TH STREET  
STE 300  
N MIAMI BCH FL 33169  
US

2. Principal Place of Business

One SE 3rd Avenue  
Suite 3100  
Miami, FL 33131

3. Mailing Address

One SE 3rd Avenue  
Suite 3100  
Miami, FL 33131



MOORE CR2E034 (11/03)

4. FEI Number **65-0167598** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEHAR, SABY

One SE 3rd Avenue  
Suite 3100 FL 33169  
Miami, FL 33131

7. Name and Address of New Registered Agent

Name

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

One SE 3rd Avenue  
Suite 3100  
City Miami, FL 33131

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPTS ☐ Delete  
NAME BEHAR, SABY  
STREET ADDRESS 115 NW 167TH ST STE 300  
CITY-ST-ZIP N MIAMI BCH FL 33169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME One SE 3rd Avenue  
STREET ADDRESS Suite 3100  
CITY-ST-ZIP Miami, FL 33131

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

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

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

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

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

12. 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 10 or Block 11 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

SABY BEHAR

Date

Daytime Phone #

4/21/04

305 654-1500