

2001 UNIFORM BUSINESS REPORT (UBR)

02-08-2001 90459 029 ***150.00

DOCUMENT # **M50482**

1. Entity Name

MANOLO SCHOOL BUS SERVICE, INC.

FILED

01 MAR 20 AM 9:16

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

Mailing Address

**919 MONTERREY STREET
CORAL GABLES, FL 33134**

**919 MONTERREY STREET
CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0044833

App. ed for

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOSAS, ELSA
919 MONTERREY STREET
CORAL GABLES, FL 33134**

Name

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

City

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.

SIGNATURE

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

**PTD
LOSAS, VIGOR M.
919 MONTERREY STREET
CORAL GABLES, FL 33134**

**SD
LOSAS, ELSA
919 MONTERREY STREET
CORAL GABLES, FL 33134**

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CORAL GABLES, FL 33134**

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LOSAS, ELSA
919 MONTERREY STREET
CORAL GABLES, FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11

**SD
LOSAS, ELSA
919 MONTERREY STREET
CORAL GABLES, FL 33134**

**SD
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919 MONTERREY STREET
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919 MONTERREY STREET
CORAL GABLES, FL 33134**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicates 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 or powerholder to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with a title, be empowered.

SIGNATURE: X Elsa Losas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01 305 446 7917

CR2E034 (11/00)