

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90349 023 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # M59482

1. Entity Name
MANOLO SCHOOL BUS SERVICE, INC.

Principal Place of Business

919 MONTERREY STREET
CORAL GABLES FL 33134

Mailing Address

919 MONTERREY STREET
CORAL GABLES FL 33134

2. Principal Place of Business

150 SW 49 ave.

Suite, Apt. #, etc.

3. Mailing Address

150 SW 49 ave.

Suite, Apt. #, etc.

City & State,

Miami, Florida

City & State

Miami, Florida

Zip

Country

33134 USA

Zip

Country

33134 USA

4. FEI Number

65-0044833

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOSAS, ELSA

919 MONTERREY STREET
CORAL GABLES FL 33134

Name

Elsa Losas

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

150 SW 49 ave.

City

Miami

FL

Zip Code

33134

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

Elsa Losas

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, 2002 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LOSAS, VICTOR M.
919 MONTERREY STREET
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LOSAS, ELSA
919 MONTERREY STREET
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

150 SW 49 ave
Miami, FL 33134

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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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:

Elsa Losas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.02

Date

305.446.7517

Daytime Phone #