

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37870

1. Entity Name

FLORIDA TRANSPORTATION SERVICES ASSOCIATION AND

Principal Place of Business

Mailing Address

3109 NW 27 AVENUE  
MIAMI FL 33142  
US

P.O. BOX 420769  
MIAMI FL 33242-0769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PIERRE-LOUIS, FERNAND  
3109 NW 27 AVENUE  
MIAMI FL 33142

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PIERRE-LOUIS, FERNAND  
3109 N.W. 27TH AVENUE  
MIAMI FL 33142

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HERNANDEZ, CANDIDO  
3109 N.W. 27TH AVENUE  
MIAMI FL 33142

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TP  
LOPEZ, ENRIQUE  
3109 N.W. 27TH AVENUE  
MIAMI FL 33142

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOPEZ, ORLANDO  
3109 N.W. 27TH AVENUE  
MIAMI FL 33142

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GONZALEZ, CRISTOBAL  
3109 N.W. 27TH AVENUE  
MIAMI FL 33142

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERNANDEZ, GILBERTO  
3109 N.W. 27TH AVENUE  
MIAMI FL 33142

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

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☐ Change ☐ Add

TITLE  
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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90096 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0206961

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent