

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 019 ***150.00

DOCUMENT # P00000062744

1. Entity Name

South Florida Transportation INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2370 NE 49 ST

3. Mailing Address

2370 NE 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lighthouse Point FL

City & State
Lighthouse Point FL

4. FEI Number

65-0995632

Applied For

Not Applicable

Zip 33064

Country USA

Zip 33064

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MATTHEW FINO

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

2370 NE 49 ST

City

Lighthouse Point FL

Zip Code

33064

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

4-11-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. MATTHEW FINO 2370 N.E. 49th Street Lighthouse Point, FL. 33064	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 954-420-0222

CR2E034B (12/01)