

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-14-2001 90043 024 ***150.00

DOCUMENT # P00000033729

1. Entity Name
METROTRANS ASSOCIATES, INC.



Principal Place of Business
9822 N.E. SECOND AVENUE
SUITE ONE
MIAMI FL 33138

Mailing Address
9822 N.E. SECOND AVENUE
SUITE ONE
MIAMI FL 33138



2. Principal Place of Business
56 CARLISLE DR
 Suite, Apt. #, etc.

3. Mailing Address
56 CARLISLE DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI Springs FL
 Zip
33166
 Country
DADE

City & State
MIAMI Springs FL
 Zip
33166
 Country
DADE

4. FEI Number
65-0998799
☒ Applied For
☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARCIA, KARINA
9822 N.E. SECOND AVENUE
SUITE ONE
MIAMI FL 33138

7. Name and Address of New Registered Agent
 Name **KARINA GARCIA**
 Street Address (P.O. Box Number is Not Acceptable)
56 CARLISLE DR
 City **MIAMI Springs** FL Zip Code **33166**

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 **KARINA GARCIA** **KARINA GARCIA** **4/27/01**
(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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CEO, PRESIDENT	KARINA GARCIA	56 CARLISLE DR	MIAMI Springs 33166	
	MIGUEL H. ALFONSO	TRANSPORTATION CONSULTANT	56 CARLISLE DR	<input checked="" type="checkbox"/> Addition
			MIAMI Spring FL 33166	

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: **KARINA GARCIA** **KARINA GARCIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 786-265-8944
Date Daytime Phone #

CR2E034 (10/00)