

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90194 002 ***150.00

DOCUMENT # P00000033729

1. Entity Name

METROTRANS ASSOCIATES, INC.



Principal Place of Business

**1416 W 38 PLACE
HIALEAH FL 33012**

Mailing Address

**1416 W 38 PLACE
HIALEAH FL 33012**

2. Principal Place of Business

7102 LAUREL LN.

3. Mailing Address

7102 LAUREL LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI-LAKES FL

City & State

MIAMI-LAKES FL

Zip

33014

Country

DADE County

Zip

33014

Country

DADE County

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

1416 W 38 PLACE

HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

KARINA GARCIA

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

7102 LAUREL LN

City

MIAMI-LAKES

FL

Zip Code

33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

KARINA GARCIA KARINA GARCIA, President

4-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, KARINA	
STREET ADDRESS	1416 W 38 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALFONSO, MIGUEL H	
STREET ADDRESS	1416 W 38 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARINA GARCIA	ADDRESS ONLY
STREET ADDRESS	7102 LAUREL LN	
CITY-ST-ZIP	MIAMI-LAKES FL 33014	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL H. ALFONSO	ADDRESS ONLY
STREET ADDRESS	7102 LAUREL LN	
CITY-ST-ZIP	MIAMI-LAKES FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:

MIGUEL H. ALFONSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

305-216-8969

Daytime Phone #

CR2E034 (10/02)