

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053704

1. Entity Name

NORTH AMERICAN TRANSIT, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90161 011 ***158.75

140391



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5205 NORTH 40 STREET
TAMPA FL 33610

Mailing Address

P O BOX 270069
TAMPA FL 33688-0069

2. Principal Place of Business

16302 W. COURSE DR.

Suite, Apt. #, etc.

3. Mailing Address

16302 W. COURSE DR.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

54-3653092

Applied For

Not Applicable

Zip

33624

Country USA

~~MISSISSIPPI~~

Zip

33624

Country USA

~~MISSISSIPPI~~

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELEZ, ANDRES
12410 CARDIFF DRIVE
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

RENE MARISCAL

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

16302 W. COURSE DR.

City

TAMPA

FL

Zip Code

33624

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 RENE MARISCAL - PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

04-20-01

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 PD ☐ Delete
NAME MARISCAL, RENE
STREET ADDRESS 5205 NORTH 40 STREET
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME MARISCAL RENE
STREET ADDRESS 16302 W. COURSE DR.
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: RENE MARISCAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-01

Date

813-418-2011

Daytime Phone #

CR2E034 (10/00)