

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 023 ***158.75

DOCUMENT # P00000054453

1. Entity Name

ALL PRO TRAFFIC School, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19950 S.W 3rd PLACE

Suite, Apt. #, etc.

3. Mailing Address

19950 S.W 3rd PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

Zip

33029-1251

Country

Broward

City & State

Pembroke Pines, FL

Zip

33029-1251

Country

Broward

4. FEI Number

65-1079958

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

EGUES, ANTONIO

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

19950 S.W 3rd PLACE

City

Pembroke Pines

FL

Zip Code

33029-1251

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

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
P.D.
EGUES ANTONIO
19950 S.W 3rd PLACE
Pembroke Pines, FL 33029-1251

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T.D.
EGUES LOURDES
19950 S.W 3rd PLACE
Pembroke Pines, FL 33029-1251

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EGUES ANANARY
19950 S.W 3rd PLACE
Pembroke Pines, FL 33029-1251

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.D.
EGUES ANTONIO J
19950 S.W 3rd PLACE
Pembroke Pines, FL 33029-1251

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
Rodriguez Maria L
5396 W 24 Ave
Hialeah FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

05/26/02

(954) 392-5515

Daytime Phone #

CR2E034B (12/01)