## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 25, 2002 8:00 am g Secretary of State DOCUMENT # P00000097408 1. Entity Name 03-25-2002 90073 029 \*\*\*150.00 NORMITA & FABIAN SCHOOL BUS SERVICE, INC. Principal Place of Business Mailing Address 14355 SW 164 TERR 14355 SW 164 TERR MIAMI FL 33177 MIAM! FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1047238 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABRERA, FABIAN Street Address (P.O. Box Number is Not Acceptable) 14355 SW 164 TERR **MIAMI FL 33177** City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CABRERA, FABIAN NAME NAME 14355 SW 164 TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITI F Change NAME MARTINEZ, NORMA NAME STREET ADDRESS 14355 SW 164 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 trusted 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 approximation of the corporation of

IAME OF SIGNING OFFICER OR DIRECTOR

FILED

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