

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-14-2002 90213 037 ***158.75

DOCUMENT # P01000012718

1. Entity Name
NEIGHBORHOOD TRAFFIC SCHOOL, INC.

Principal Place of Business

1175 NE 125 ST STE 204
 MIAMI FL 33161

Mailing Address

1175 NE 125 ST STE 204
 MIAMI FL 33161

38126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1175 NE 125 ST
 Suite, Apt. #, etc.
 204

3. Mailing Address

1175 NE 125 Street
 Suite, Apt. #, etc.
 204

City & State

N MIAMI FL

City & State

N MIAMI

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LUNDY, ARIOMSTUS P
 1175 NE 125 ST STE 204
 MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

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 Ariomstus P Lundy 4-10-02
 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, 2002 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 **DP** ☐ Delete
 NAME **BAIN, HERMAN S**
 STREET ADDRESS **3312 NW 50 ST**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **DV** ☐ Delete
 NAME **LUNDY, ARIOMSTUS P**
 STREET ADDRESS **20430 NW 45 ST**
 CITY-ST-ZIP **MIAMI FL 33055**

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

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

TITLE ☐ Change ☐ Addition
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 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: Ariomstus P Lundy 4-10-02 (305) 2160827
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)