

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91221 044 ***150.00

DOCUMENT # P01000040484

1. Entity Name
TRANSPORT SERVICES SPECIALIST, INC.

Principal Place of Business
SUITE 704 NORTH TOWER
1101 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address
SUITE 704 NORTH TOWER
1101 BRICKELL AVENUE
MIAMI FL 33131



2. Principal Place of Business
1101 Brickell Ave.

3. Mailing Address
1101 Brickell Ave.

Suite, Apt. #, etc.
Suite 401N

Suite, Apt. #, etc.
Suite 401N

City & State
Miami FL

City & State
Miami FL

Zip Country
33131 USA

Zip Country
33131 USA

4. FEI Number
52-2310637

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOMEZ, JUAN CARLOS
SUITE 704 NORTH TOWER
1101 BRICKELL AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Gomez, Juan Carlos
 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Avenue
Suite 401 North Tower
 City **Miami** **FL** Zip Code **33131**

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 *Juan Carlos Gomez* *Juan Carlos Gomez* *4/29/02*
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JUAN CARLOS SUITE 704 NORTH TOWER 1101 BRICKELL AVE. MIAMI FL 33131 SUITE 401 North	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GODOY, LUIS ALBERTO SUITE 704 NORTH TOWER, 1101 BRICKELL AVE. MIAMI FL 33131 SUITE 401 North	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WOELKI, NANCY C SUITE 704 NORTH TOWER, 1101 BRICKELL AVE. MIAMI FL 33131 SUITE 401 North	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Juan Carlos Gomez* *4/29/02* *305-371-9332*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)