

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90687 009 ***150.00

DOCUMENT # **PO1000078016**

1. Entity Name

ALL STATES BUS CHARTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2440 STATE RD 84

Suite, Apt. #, etc.

3. Mailing Address

2440 STATE RD 84

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

75-3031589

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

GERALDO S. MAIA

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

2440 ST. RD. 84

City

FT. LAUDERDALE

FL

Zip Code

33312

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.

GERALDO S. MAIA - VICE PRESIDENT 5/31/02

(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, 2002 - May 1, 2003 \$150.00
After May 1, 2003 \$250.00
Amount Due: \$150.00
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 **P.S.D**
NAME **SHRAGAH HAR**
STREET ADDRESS **2440 STATE RD 84**
CITY - ST - ZIP **FT. LAUDERDALE, FLA - 33312**

TITLE **VP.T.D**
NAME **GERALDO S. MAIA**
STREET ADDRESS **2440 ST RD 84**
CITY - ST - ZIP **FT. LAUDERDALE, FLA - 33312**

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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)(f), 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

GERALDO S. MAIA 5/31/02 (954) 583-7575
VICE PRESIDENT

Date

Daytime Phone #

CR2E034B (12/01)