

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-19-2002 90167 036 ***150.00

DOCUMENT # P01000084179

1. Entity Name

TMRS TRANSPORT SERVICES, INC.

Principal Place of Business

**4689 CHEYENNE POINT TRAIL
 KISSIMMEE FL 34746**

Mailing Address

**4689 CHEYENNE POINT TRAIL
 KISSIMMEE FL 34746**

2. Principal Place of Business

11500 Westwood Blvd.

3. Mailing Address

11500 Westwood Blvd.

Suite, Apt. #, etc.

1612

Suite, Apt. #, etc.

1612

City & State

Orlando, FL.

City & State

Orlando, FL.

Zip

32821

Orange

Zip

32821

Country

Orange

4. FEI Number

59-3743587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TANGLAO, LOURDES C
 4689 CHEYENNE POINT TRAIL
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **Edna Martinez**

Street Address (P.O. Box Number is Not Acceptable) **11500 Westwood Blvd. - St. 1612**

City **Orlando**

FL

Zip Code **32821**

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

Edna Martinez

DATE: Registered Agent signature required when reinstating

2/22/02

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO TANGLAO, LOURDES C 4689 CHEYENNE POINT TRAIL KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TANGLAO, LOURDES C 4689 CHEYENNE POINT TRAIL KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, EDNA 4689 CHEYENNE POINT TRAIL KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mohamad K. Rabata 11500 Westwood Blvd. - St. 1612 Orlando, FL 32821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Edna Martinez 11500 Westwood Blvd. - St. 1612 Orlando, FL 32821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carmen Kortright 10431 Tara Drive Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Edna Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (407)465-0711

Date

Daytime Phone #

CR2E034 (9/01)