

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91106 002 ***150.00

DOCUMENT # P02000100761

1. Entity Name
HOUSING & TRANSPORTATION SERVICES, INC.



Principal Place of Business
**3913 NW CINNAMON TREE CIRCLE
JENSEN BEACH, FL 34957**

Mailing Address
**3913 NW CINNAMON TREE CIRCLE
JENSEN BEACH, FL 34957**

2. Principal Place of Business
2325 NW 33rd Street
Suite, Apt. #, etc.

3. Mailing Address
2325 NW 33rd Street
Suite, Apt. #, etc.

Bldg. 2642, Apt. #1910
City & State

Bldg. 2642, Apt. 1910
City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip
33309

Country
USA

Zip
33309

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
35-218-1756

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BONGARD, CHRISTOPHER
3913 NW CINNAMON TREE CIRCLE
JENSEN BEACH, FL 34957**

7. Name and Address of New Registered Agent

Name **Robert Bongard**
Street Address (P.O. Box Number is Not Acceptable) **Bldg. 2642
2325 NW 33rd Street, Apt. 1910**
City **Ft. Lauderdale FL** Zip Code **33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher Bongard*

DATE **3-6-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BONGARD, CHRISTOPHER	3913 NW CINNAMON TREE CIRCLE	JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/>
P	Robert Bongard	2325 NW 33rd Street Bldg. 2642 Apt. 1910	Ft. Lauderdale, FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Bongard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-6-03**

DAYTIME PHONE # **267-872-8734**

CR2E034 (10/02)