

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 026 ***150.00

DOCUMENT # PO2000125893

1. Entity Name

Transportation Safety Systems Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7927 S.W. 104 St.

3. Mailing Address
7927 S.W. 104 St.

Suite, Apt. #, etc.

E- 205

Suite, Apt. #, etc.

E-205

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

43- 2008827

Applied For

☐ Not Applicable

Zip
33156

Country
U.S.A.

Zip
33156

Country
U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name KEVIN WUOLLET

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

7927 S.W. 104 St. E - 205

City Miami

FL

Zip Code
33156

**DO NOT WRITE
IN THIS SPACE**

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

Kevin Wuollet

Signature, typed or printed name of registered agent and title if applicable.

REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

04-11-2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME Kevin Wuollet
STREET ADDRESS 7927 S.W. 104 St. E-205
CITY-ST-ZIP Miami, FL. 33156

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin Wuollet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-2003 305-951-3920

Date

Daytime Phone #

CR2E034B (12/02)