

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

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90042 043 ***150.00

DOCUMENT # P04000046538

1. Entity Name

ELITE TRANSPORTATION OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

50018608

2. Principal Place of Business
5084 N.W. 74th Avenue

3. Mailing Address
5084 N.W. 74th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
74-3117262

Applied For
☐ Not Applicable

Zip
33166

Country
USA

Zip
33166

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
Samuel Cintron

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

3711 S.W. 160th Avenue, #201

City
Miramar,

FL

Zip Code
33027

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/05

January 1 - May 1 Fee is \$450.00
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
DP
NAME
Samuel Cintron
STREET ADDRESS
3711 S.W. 160th Avenue, #201
CITY-ST-ZIP
Miramar, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VP
NAME
Omar Cintron
STREET ADDRESS
3771 S.W. 160th Avenue, #101
CITY-ST-ZIP
Miramar, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
ST
NAME
Juan Garcia
STREET ADDRESS
3811 S.W. 160th Avenue, #107
CITY-ST-ZIP
Miramar, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/05

CR2E034B (12/02)