

To:

From: Spiegel & Utrera

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

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 009 ***150.00

DOCUMENT # POS0000017855

1. Entity Name

BTS TRANSPORTATION & LOGISTICS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 SCARLET BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Zip

34677

Country

USA

Zip

Country

4. FEI Number

20-2281600

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City

Miami

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

6. 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 date if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT
DAVID S. BAEY
430 FOREST PARK RD.
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SECRETARY
SAME AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/06 866 872-2353
Date Daytime Phone #