

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90223 024 ***150.00

DOCUMENT # P92000011605

1. Entity Name

ALLIED TRANSPORTATION RESOURCES INC.

Principal Place of Business

Mailing Address

2646 NE 188TH STREET
MIAMI FL 33180
US

2646 NE 188TH STREET
MIAMI FL 33314-5536
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4650 SW 51st Street

3. Mailing Address

4650 SW 51st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 713

Bay 713

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0375152

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RAMIREZ, MARLENE~~
~~2646 NE 188TH ST.~~
~~MIAMI FL 33180~~

Name

Richard B. Marx

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

66 West Flagler St

City

Miami

FL

Zip Code

33130

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMIREZ, MARLENE	
STREET ADDRESS	8881 NW 8 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4650 SW 51 ST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/28/00

Daytime Phone #

4/28/00

CR2E034 (9/99)