

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90068 047 ***150.00

DOCUMENT # P93000013406

1. Entity Name
NICE TRANSPORTATION SERVICE, INC.



Principal Place of Business
**6461 SW 27 ST
MIAMI FL 33155**

Mailing Address
**6461 SW 27 ST
MIAMI FL 33155**



2. Principal Place of Business
2770 SW 23 STREET

3. Mailing Address
2770 SW 23 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA 33145

City & State
MIAMI, FLORIDA 33145

4. FEI Number **65-0389923**

Applied For
☐ Not Applicable

Zip
33145 Country
MIAMI-DADE

Zip
33145 Country
MIAMI-DADE

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

**JIMENEZ, CARLOS
6461 SW 27 ST
MIAMI FL 33155**

Name
CARLOS JIMENEZ
Street Address (P.O. Box Number is Not Acceptable)
2770 SW 23 STREET

City
MIAMI, FL Zip Code
33145

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

CARLOS JIMENEZ

APRIL 22, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Delete
NAME
JIMENEZ, CARLOS
STREET ADDRESS
6461 SW 27 ST
CITY-ST-ZIP
MIAMI FL 33155

TITLE
PD ☒ Change ☐ Addition
NAME
CARLOS JIMENEZ
STREET ADDRESS
2770 SW 23 STREET
CITY-ST-ZIP
MIAMI-FLORIDA 33145

TITLE
SD ☒ Delete
NAME
JIMENEZ, INES
STREET ADDRESS
6461 SW 27 ST
CITY-ST-ZIP
MIAMI FL 33155

TITLE
SD ☒ Change ☐ Addition
NAME
INES JIMNEZ
STREET ADDRESS
2770 SW 23 STREET
CITY-ST-ZIP
MIAMI, FLORIDA 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos Jimenez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL-22, 2003 305-774-4600

Date Daytime Phone #

CR2E034 (10/02)