

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053575

1. Entity Name

S & A TRANSPORTATION, INC.

Principal Place of Business

6911 NW 87TH AVE  
MIAMI FL 33178  
US

Mailing Address

P O BOX 831205  
MIAMI FL 33283-1205  
US

2. Principal Place of Business

6750 N.W. 79 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33166

Country

DADE

Country

4. FEI Number

65-0425002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMOR, DAVID  
13921 SW 38TH TERRACE  
2 S. BISCAYNE BLVD.  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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

TITLE NAME ☐ Delete

P  
AMOR, DAVID  
13921 SW 38 TERR  
MIAMI FL 33175

TITLE NAME ☐ Delete

VS  
SOCARRAS, EUFRASIO  
11520 SW 81 TERR  
MIAMI FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

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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:

*Eufrasio Socarras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90025 043 \*\*\*150.00

701307



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)