

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 031 ***150.00

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DOCUMENT # P93000084706

1. Entity Name

EXCLUSIVE TRANSPORTATION SYSTEMS, INC.



Principal Place of Business

~~8000 NW 29 ST~~

~~MIAMI FL 33122~~

Mailing Address

P.O. BOX 521092

MIAMI FL 33152

2. Principal Place of Business

9545 NW 13 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0453683**

Applied For

Not Applicable

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

VALDOS, RUBEN

~~8000 NW 29 ST~~

~~MIAMI FL 33122~~

Name

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

9545 NW 13 STREET

City

MIAMI

FL

Zip Code

33172

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

(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 ☐ Delete

NAME **P**

STREET ADDRESS **VALDES, RUBEN**

CITY-ST-ZIP **5150 SW 102 WAY**

FT. LAUDERDALE FL 33333

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS **9545 NW 13 STREET**

CITY-ST-ZIP **MIAMI, FL. 33172**

TITLE ☐ Change ☐ Addition

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (305) 471-9597

Date

Daytime Phone #

CR2E034 (10/02)