2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400019274 1. Entity Name A.A.C. TRANSPORTATION SERVICE, INC.					Jan 23, 2002 8:00 am Secretary of State 01-23-2002 90021 050 ***150.00		
Principal Place of Business 2900 GRIFFIN ROAD 2 2 DAVIS BEACH FL 33312 Mailing Address 2900 GRIFFIN ROAD 2 DAVIS BEACH FL 33312							
2. Principal F 29 o Suite, Apt.		3. Mailing Address 1900 CR 1 FF ~ L> Suite, Apt. #, etc.			es	DO NOT WRITE IN THIS SPACE	
City & Stat	e . O	DANIA BEACH				4. FEI Number 65-0472684 Applied For Not Applicable	
333		33312	Be	try	محم	5. Certificate of Status Desired S8.75 Additional Fee Required	
SUNRISE FL 33351					O. Box Number is Not Acceptable)		
8. The above named entity submits his 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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta					50.00		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I CHANG, ALFRED 2900 GREEN RD DANIA BEACH FL 33312	DIRECTORS Delete			20	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ANG: ALCLES Change Addition ODGR: FF: LD #2 N'A BEACH FL 333:2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHANG, CHARMAINE 2900 GRIFFIN RD #3 FORT LAUDERDALE FL 33312	☐ Delete	TITLE NAMI STRE		29 29	A.G. CHARLANDE Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANG, ALFRED A 2280 NORTHWEST 7TH STREET PLANTATION FL 33317	Delete			5	LA BEACH FL 33312 Change Addition ANY AS ABOVE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition	
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 of the 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 a laddress, with all other like empowered.							
SIGNATURE: SIGNATURE: Date Date Date Daylime Phone #							