

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
 06-08-2000 90002 033 ***150.00

DOCUMENT # **PG4000035915**
 1. Entity Name
MARKETING AND TRANSPORTATION
SERVICES INC.

Principal Place of Business Mailing Address
4747 Hollywood Blvd
213
Hollywood Fla 33021

2. Principal Place of Business 3. Mailing Address
SAME **5717 Lincoln St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Hollywood Fla **Hollywood Fla**
 Zip Zip Country Country
33021 **USA**

6. Name and Address of Current Registered Agent
Scott A. McInnis
5717 Lincoln St
Hollywood Fla 33021

4. FEI Number **65-0489434** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **Scott McInnis** (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	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amparo McInnis		NAME		
STREET ADDRESS	5717 Lincoln St Hollywood Fla		STREET ADDRESS		
CITY-ST-ZIP	33021		CITY-ST-ZIP		
TITLE	V-President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott McInnis		NAME		
STREET ADDRESS	5717 Lincoln St		STREET ADDRESS		
CITY-ST-ZIP	Hollywood Fla 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Amparo McInnis** **President** **5-5-00** **954 966-7791**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)