## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

## Mar 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000036641** SOUTH FLORIDA TROLLEY CO., INC. 03-24-2000 90125 026 \*\*\*150.00 Principal Place of Business Mailing Address 998 S MILITARY TR 998 S MILITARY TR DEERFIELD BEACH FL 33442-2987 DEERFIELD BEACH FL 33442 C0043975 3. Malling Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2757155 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -- -PEREZ, JOSEPH D. Street Address (P.O. Box Number is Not Acceptable) 4500 NW 12th Drive 6250 SWAN'S TERRACE-COCONUT CREEK FL 33073 Pon Paris Beh. Fl. 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change **VPT** ☐ Delete TITLE TITLE PEREZ, DARCY NAME STREET ADDRESS 8804 SW 11TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change Addition ☐ Delete TITLE TITLE PEREZ, JOSEPH D NAME NAME 4500 NW 12th Brive STREET ADDRESS STREET ADDRESS 6250 SWAN'S TERRACE Porpayo Bch. Fl. 33064 CITY-ST-7IP CITY-ST-ZIP **COCONUT CREEK FL 33073** Addition Change ☐ Delete TITLE TITLE NAME Perez, Jr j NAME STREET ADDRESS STREET ADDRESS 4771 NW 13TH AVENUE CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Celete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 office 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.

FILED