

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000026632**

1. Entity Name
Toucan Transportation Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Amended
01 AUG 17 AM 11:22

Principal Place of Business
**4601 Oakes Rd
Davie FL 33314**

Mailing Address
**P.O. Box 6130
Hollywood FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 0573173

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Mucha, Mike
4601 Oakes Rd
Davie FL 33314**

7. Name and Address of New Registered Agent

Name **Torres, Mike**
Street Address (P.O. Box Number is Not Acceptable)
4601 Oakes Rd.
City **Davie** FL Zip Code **33314**

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 board-applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-15-01

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 **President**
NAME **Mucha, Michael**
STREET ADDRESS **4601 Oakes Rd**
CITY-ST-ZIP **Davie FL 33314** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
NAME **Torres, Mike**
STREET ADDRESS **4601 Oakes Rd**
CITY-ST-ZIP **Davie FL 33314** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ 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 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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01

984-084-0039

Date

Daytime Phone #

CR2E034 (11/00)