

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90023 034 ***158.75

DOCUMENT # P95000075126

1. Entity Name

SOUTH STATE TRANSPORT CORPORATION

Principal Place of Business

~~1270 NW 165TH ST~~
~~MIAMI FL 33169-3313~~

Mailing Address

~~1270 NW 165TH ST~~
~~MIAMI FL 33169-3313~~
2501 S. OCEAN DR
HOLLYWOOD FL 33019

2. Principal Place of Business

2501 S. OCEAN DR

3. Mailing Address

2501 S. OCEAN DR

Suite, Apt. #, etc.

1110

Suite, Apt. #, etc.

1110

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33019

Country

FLORIDA

Zip

33019

Country

FLORIDA

4. FEI Number

65-0614260

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTODOULOU, ARLEEN
3602 PALMARTO STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **NICOLAS CHRISTODOULOU**
 Street Address (P.O. Box Number is Not Accepted) **2501 S. OCEAN DR APT 1110**
HOLLYWOOD FL
HOLLYWOOD FL 33019

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 **NICOLAS CHRISTODOULOU**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/28/2002**

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHRISTODOULOU, ARLEEN	
STREET ADDRESS	3602 PALMARTO ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAS CHRISTODOULOU	
STREET ADDRESS	2501 S. OCEAN DR APT 1110	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 filers required.

SIGNATURE: **NICOLAS CHRISTODOULOU**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 28 2002 **954 927 5786**
 Date Daytime Phone #

CR2E034 (9/01)