

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059427

1. Entity Name

ORLANDO/MIAMI SHUTTLE SERVICES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90114 004 ***150.00

Principal Place of Business

Mailing Address

2235 SW 62ND ST CT
MIAMI FL 33155
US

PO BOX 44-0788
MIAMI FL 33265-1490
US

910197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11771 SW 27 ST

P.O. Box: 651490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number 65-0795018

Applied For

Not Applicable

Zip

Country

Zip

Country

33175

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIDALGO, MANUEL
2235 SW 62ND ST
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

11771 SW 27 ST

Miami FL

City

FL Zip Code 33175

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 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, 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

TITLE P
NAME HIDALGO, MANUEL A
STREET ADDRESS 2235 SW 62ND ST
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE V
NAME HIDALGO, MORISOL R
STREET ADDRESS 2235 SW 62ND ST
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 11771 SW 27 ST
NAME Miami, FL 33175 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE 11771 SW 27 ST
NAME Miami, FL 33175 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition
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:

Manuel A. Hidalgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-00 (305) 579-5829

Date

Daytime Phone #