

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90208 014 ***150.00

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1. Entity Name

TRANSPORTATION SERVICES UNLIMITED, INC.



Principal Place of Business

3901 NW 115TH AVENUE
MIAMI, FL 33178 US

Mailing Address

3901 NW 115TH AVENUE
MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE

40000000



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0688022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAMOFF, ROBERT
3901 NW 115TH AVENUE
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
NAMOFF, ROBERT
3901 NW 115TH AVENUE
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RUBIN, RONALD
13550 SW 61 COURT
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PALMER, JAMES
3901 NW 115 AVE.
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KOVEN, MICHAEL
3901 NW 115 AVE.
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Koven

4/19/06

Date

305 000 2623

Daytime Phone #