

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074873

1. Entity Name

PINES WEST TRANSPORTATION, INC.

FILED

00 SEP 27 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

17191 PINES BLVD  
PEMBROKE PINES FL 33027

Mailing Address

17191 PINES BLVD  
PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0701138

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

7. Name and Address of New Registered Agent

BAKER, RONALD G  
4675 PONCE DE LEON BLVD STE 301  
CORAL GABLES FL 33146

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME THOMPSON, J S  
STREET ADDRESS 1221 NW 184 TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☒ Change ☐ Addition  
NAME THOMPSON, J S  
STREET ADDRESS 3450 FAIRFAX LANE  
CITY-ST-ZIP DAVIE, FL 33330

TITLE D ☐ Delete  
NAME THOMPSON, JENNIFER  
STREET ADDRESS 1221 NW 184 TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☒ Change ☐ Addition  
NAME THOMPSON, JENNIFER  
STREET ADDRESS 3450 FAIRFAX LANE  
CITY-ST-ZIP DAVIE, FL 33330

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 600003415956-0  
STREET ADDRESS -10/05/00-01121-022  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00

Date

954-450-0900

Daytime Phone #

CR2E034 (5/00)