

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075279

1. Entity Name

EUSKADI TRANSPORTATION AND SERVICES CORP.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90007 036 \*\*\*550.00

Principal Place of Business

15916 WEST STATE RD 84  
 SUNRISE FL 33326

Mailing Address

15916 WEST STATE RD 84  
 SUNRISE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0694864

Applied For

Not Applicable

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

CARDENAS, RAMON  
 16581 LAKE TREE DRIVE  
 FORT LAUDERDALE FL 33326

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 CARENAS, RAMON  
 16581 LAKE TREE DRIVE  
 FORT LAUDERDALE FL 33326 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 CARENAS, IKERNE  
 16581 LAKE TREE DRIVE  
 FORT LAUDERDALE FL 33326 ☐ Delete

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

TITLE  
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TITLE  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00

Daytime Phone #

CR2E034 (5/00)

**Euskadi Transport and Services Corp.**

15916 West State rd 84, Sunrise, fl, 33326

Phone: 954 384 1545 Fax: 954 384 1236

Attachment  
# P9600075  
279  
AUBINIE

To Whom It May Concern

This is a note to let you know that we are sending the payment for the fees that correspond to the Second Notice of the 200 UBR. We like you to know that we never received the first notice of the report. We have been waiting for the form to fill it up, but we did not get it, and unfortunately, we miss the due date.

We wonder if there can be a refund of some of this amount due to the fact that we did not receive the first letter.

Thanks, Ramon Cardenas.