

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000079041**

1. Entity Name

AAA TRANSPORTATION (ST LUCIE), INC.

Principal Place of Business

Mailing Address

1802 S.E. BURGUNDY LANE
PORT ST. LUCIE FL 349521802 S.E. BURGUNDY LANE
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

1802 BURGUNDY LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL

Zip

Country

Zip

Country

34952

U.S.A.

4. FEI Number

65-0185246

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

HOSEIN, DHANMATEE
1802 S.E. BURGUNDY LANE
PORT ST. LUCIE FL 34952

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

DHANMATEE HOSEIN

Dhanmatee Hosein

1-4-00

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

P

☐ Delete

NAME

HOSEIN, DHANMATEE

STREET ADDRESS

1802 S.E. BURGUNDY LANE

CITY-ST-ZIP

PORT ST. LUCIE FL 34952

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

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:

DHANMATEE HOSEIN

Dhanmatee Hosein

1-4-01

335-7555
561-835-1982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90051 033 ***158.75

700067



DO NOT WRITE IN THIS SPACE

0561976

CR2E034 (10/00)