

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90386 005 ***150.00

DOCUMENT # P97000065050

1. Entity Name

S & N TRANSPORTATION, INC.

Principal Place of Business

7808 ORLEANS STREET
 MIRAMAR, FL 33023

Mailing Address

P. O. BOX 681719
 MIAMI, FLORIDA 33168-1719

C0067496

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0770812

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

MAREUS: KETLY
 7808 ORLEANS STREET
 MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MAREUS, KETLY	
STREET ADDRESS	940 NW 135TH STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAREUS, LAWRENCEE	
STREET ADDRESS	940 NW 135 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAPTISTE, RUTH	
STREET ADDRESS	940 NW 135 STREET	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAPTISTE, MARIEYOLA	
STREET ADDRESS	940 NW 135 STREET	
CITY-ST-ZIP	MIAMI, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ketly Mareus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KETLY MAREUS, PRESIDENT

4/23/01

305-624-1495 EX117

Date

Daytime Phone #

CR2E034 (11/00)