

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095074

1. Entity Name  
ALL FLORIDA TRANSPORTATION SERVICES, INC.

Principal Place of Business  
1100 LEE WAGENER BLVD.  
STE. 103  
FORT LAUDERDALE FL 33315

Mailing Address  
P.O. BOX 22083  
FT. LAUDERDALE FL 33335  
US

2. Principal Place of Business

5923 RAVENSWOOD RD  
Suite, Apt. #, etc.  
G-17+19

3. Mailing Address

PO BOX 22083  
Suite, Apt. #, etc.

City & State

DANIA, FLORIDA  
Zip 33004 Country DEDWARD

City & State

Fort Lauderdale FL.  
Zip 33335 Country USA

4. FEI Number 65-0800447

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HATCH, JAMES  
1100 LEE WAGENER BLVD. STE. 103  
FORT LAUDERDALE FL 33315

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

(NOTE: Registered Agent signature required when reinstating)

01-07-2002  
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, 2002 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 S  
NAME DUFOUR, JOHANNE  
STREET ADDRESS PO BOX 22083  
CITY-ST-ZIP FT LAUDERDALE FL 33335-2083 ☐ Delete

TITLE P  
NAME HATCH, JAMES  
STREET ADDRESS PO BOX 22083  
CITY-ST-ZIP FT LAUDERDALE FL 33335-2083 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 OF REGISTERED AGENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2002 800-643-2007  
Date Daytime Phone #

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90034 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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