

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90129 037 ***550.00

0028340 AV

DOCUMENT # P98000008532

1. Entity Name

AMERICAN TRANSPORT SALES, INC.

Principal Place of Business

**3740 NE 25 AVE
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**3740 NE 25 AVE
 LIGHTHOUSE POINT FL 33064**

C0072914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3710 N.E. 27TH AVE
 Suite, Apt. #, etc.
 LIGHTHOUSE POINT
 City & State
 FLORIDA**

3. Mailing Address

**3710 N.E. 27TH AVE
 Suite, Apt. #, etc.
 LIGHTHOUSE POINT
 City & State
 FLORIDA**

4. FEI Number

65-0813803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MICHEL O. WEISZ, P.A.
 901 PONCE DE LEON BLVD SUITE 601
 CORAL GABLES FL 33134**

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

PETE JOHNSON

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7-7-01

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 12, 2001 Fee 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARKAN, KIM A	
STREET ADDRESS	3740 NE 25 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	JOHNSON, PETE	
STREET ADDRESS	3740 NE 25 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

PETE JOHNSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-01

Date

954-781-5989
 Daytime Phone #

CR2E034 (5/01)