

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008532

1. Entity Name  
AMERICAN TRANSPORT SALES, INC.

Principal Place of Business  
3710 NE 27TH AVE  
LIGHTHOUSE POINT FL 33064

Mailing Address  
3710 NE 27TH AVE  
LIGHTHOUSE POINT FL 33064

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 65-0813803

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

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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BARKAN, KIM A  
STREET ADDRESS 3740 NE 25 AVE  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE  
NAME BARKAN KIM  
STREET ADDRESS 3710 N.E. 27TH AVE ☒ Change ☐ Addition  
CITY-ST-ZIP **STREET ADDRESS**

TITLE TSD  
NAME JOHNSON, PETE  
STREET ADDRESS 3740 NE 25 AVE  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE  
NAME JOHNSON PETE  
STREET ADDRESS 3710 N.E. 27TH AVE. ☒ Change ☐ Addition  
CITY-ST-ZIP **STREET ADDRESS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 REQUIRED**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 Date

954-781-5989 Daytime Phone #

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90024 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)