

AMENDMENT

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016326

1. Entity Name

TRANSPORTATION FINANCIAL CAPITAL GROUP, INC.

Principal Place of Business

1600 W COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

Mailing Address

1600 W COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309-3012

2. Principal Place of Business

2920 OAK TREE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2920 OAK TREE DRIVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33309

Country

USA

City & State

FT LAUDERDALE, FL

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

CARLSON, DANIEL W
1600 W COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

02/08/2000 90173044 #150

4. FEI Number

65-0969273

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

JON BROCKWELL

Street Address (P.O. Box Number is Not Acceptable)

2920 OAK TREE DRIVE

City

FT LAUDERDALE

FL

Zip Code

33309

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

JON BROCKWELL

(NOTE: Registered Agent signature required when reinstating)

1/27/2000

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, 2000 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

TITLE D ☒ Delete
NAME MORGAMAN, PHILIP E
STREET ADDRESS 1600 W COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309TITLE D ☒ Delete
NAME NICHOLS, NEAL C
STREET ADDRESS 1600 W COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309TITLE D ☒ Delete
NAME STEPHENSON, MARK
STREET ADDRESS 1600 W COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33309TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AMENDMENT APPROVED BY ☒ Delete
NAME Jon Brockwell
STREET ADDRESS
CITY-ST-ZIP 3/9/00

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME JON BROCKWELL
STREET ADDRESS 2920 OAK TREE DRIVE
CITY-ST-ZIP FT LAUDERDALE, FL 33309TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PRESIDENT + SECRETARY ☐ Change ☒ Addition
NAME KEN LOREN
STREET ADDRESS 5740 S.W. 8th COURT
CITY-ST-ZIP PLANTATION, FL 33317TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JON BROCKWELL 1-27-2000 954 486 4354



2003

992

**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE****ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362**DATE 12-28-99 RECD _____ TIME _____

NAME AND TITLE

FAX NUMBER

Philip Morgan954-566-1867**IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.****TOTAL PAGE: 1****COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY SHOWN BELOW. YOU SHOULD RECEIVE
WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION
NUMBER WITHIN 30 DAYS.****COMPANY NAME:**TRANSPORTATION FINANCIAL CAPITAL
GROUP INC**EMPLOYER IDENTIFICATION NUMBER (EIN)**65-0969273**CAUTION:**

THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND
EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS
COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT FOR
DELIVERING THE COMMUNICATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY
NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION
IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE CALL, AND RETURN
THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE.
THANK-YOU.

Form **SS-4**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) TRANSPORTATION FINANCIAL CAPITAL GROUP, INC.	
	2 Trade name of business (if different from name on line 1) ---	3 Executor, trustee, "care of" name ---
	4a Mailing address (street address) (room, apt., or suite no.) 1600 W. Commercial Boulevard	5a Business address (if different from address on lines 4a and 4b) ---
	4b City, state, and ZIP code Fort Lauderdale, FL 33309	5b City, state, and ZIP code ---
	6 County and state where principal business is located Broward, FL	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 267-29-8210 Philip E. Morganan	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable) |
| <input checked="" type="checkbox"/> Other (specify) ▶ Corporation | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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- | | |
|---|--|
| 9 Reason for applying (Check only one box.) (see instructions) | <input type="checkbox"/> Banking purpose (specify purpose) ▶ |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Created a trust (specify type) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ | <input type="checkbox"/> Other (specify) ▶ |

10 Date business started or acquired (month, day, year) (see instructions) February 19, 1998	11 Closing month of accounting year (see instructions) December (calendar)
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural -0-	Agricultural -0-	Household -0-
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14 Principal activity (see instructions) ▶ Real Estate Investing

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ N/A	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed	Previous EIN
N/A	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (954) 565-8900
Philip E. Morganan, Director	Fax telephone number (include area code) (954) 566-1867
Name and title (Please type or print clearly.) ▶	

Signature ▶	Date ▶ November 22, 1999
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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