

2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P98000029953

1. Entity Name

VITRAN INVESTMENT II, CORP.

FILED

00 JUN 12 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/22/00 9:00 AM 150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13052 SW 133 CT MIAMI FL 33186	Mailing Address 13052 SW 133 CT MIAMI FL 33186-5855
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTRAN, RUBEN
13052 SW 133 CT
MIAMI FL 33186

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUBEN, BERTRAN 13052 SW 133 CT MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VILLAR, LUIS 13052 SW 133 CT MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: RUBEN BERTRAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000 305-971-0855
Date Daytime Phone #

CR2E034 (9/99)

Form **SS-4**

(Rev. December 1995)

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

1 Name of applicant (Legal name) (See instructions.) VITRAM INVESTMENT II CORP.			
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.) 13052 S.W. 13310 CT		5a Business address (if different from address on lines 4a and 4b) -	
4b City, state, and ZIP code Miami FL 33186		5b City, state, and ZIP code -	
6 County and state where principal business is located Miami Dade FL			
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) ▶ 264-72-7292 Ruben BERTAN			
8a Type of entity (Check only one box.) (See instructions.)			
<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"/> Personal service corp. <input type="checkbox"/> Other corporation (specify) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Trust <input type="checkbox"/> Farmer's cooperative <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other (specify) ▶ New Corporation (Enter GEN if applicable)			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA Foreign country	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ INVESTMENTS <input type="checkbox"/> Hired employees <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.) 5-1-99		11 Closing month of accounting year (See instructions.) DECEMBER	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) N/A			
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
14 Principal activity (See instructions.) ▶ INVESTMENT IN REAL ESTATE PROJECT		Household 0	
15 Is the principal business activity manufacturing? If "Yes", principal product and raw material used ▶		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A	
17a Has the applicant ever applied for an 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	
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 ▶ Trade name ▶			
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			
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) 305-971-0855 Fax telephone number (include area code) 305-971-0317	
Name and title (Please type or print clearly.) ▶ Ruben BERTAN			
Signature ▶ R. BERTAN Sr.		Date ▶ 5/26/2000	

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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For Paperwork Reduction Act Notice, see page 4.

Cat. No. 1545-0003

Form SS-4 (Rev. 12-95)

OXA