

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90254 038 ***150.00

0172603

DOCUMENT # P98000045934

1. Entity Name
MR. BUS MAN INC.

Principal Place of Business Mailing Address
~~5445 COLLINS AVE. 4471 NW 36 ST SUITE 212~~ ~~5445 COLLINS AVE. P.O. BOX 59-1234~~
~~SUITE 725 MIAMI SPRINGS, FL 33166~~ ~~SUITE 725 MIAMI-FL. 33159.~~
~~MIAMI BEACH FL 33140 F.~~ ~~MIAMI BEACH FL 33140~~

C0065113



2. Principal Place of Business 3. Mailing Address
4471 NW 36 ST **P.O. BOX 59-1234**
 (Suite, Apt. #, etc.) (Suite, Apt. #, etc.)
212

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0841010** ☒ Applied For
MIAMI SPRINGS / FL **MIAMI / FL.** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75** Additional
33166 **U.S.A.** **33159** **U.S.A.** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MATEU, JORGE L Name
~~5445 COLLINS AVENUE P.O. BOX 59-1234~~ Street Address (P.O. Box Number is Not Acceptable)
~~SUITE 175~~
~~MIAMI BEACH FL 33140 MIAMI-FL 33159~~ 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATEU, JORGE L		NAME		
STREET ADDRESS	5445 COLLINS AVE. P.O. Box 59-1234		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140 MIAMI-FL 33159		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATEU, ZORAIDA		NAME		
STREET ADDRESS	5445 COLLINS AVE. PO 3441 SW 7 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140 MIAMI-FL 33135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 786-683-8778

Date

Daytime Phone #

CR2E034 (10/00)