

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 016 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000049575**

1. Entity Name

Transportation Consolidations, Inc.

DO NOT WRITE IN THIS SPACE

80054135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

650 NW 105th St

Suite, Apt. #, etc.

3. Mailing Address

650 NW 105th St

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

4. FEI Number

65-0842319

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33150

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

AKIVA SAPIR

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

650 NW 105th St

City

Miami

FL

Zip Code

33150

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT
AKIVA SAPIR
650 NW 105th St
Miami, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AKIVA SAPIR

DATE

3/16/02 305 773 8655

Daytime Phone #

CR2E034B (12/01)