

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90126 039 ***150.00

DOCUMENT # P98000054187

1. Corporation Name
NATIONS UNITED TRANSPORTATION SERVICES, INC.

Principal Place of Business
19832 N.E. 11TH COURT
NORTH MIAMI BEACH FL 33179

Mailing Address
19832 N.E. 11TH COURT
NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

65-0842570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3299 NORTH DIXIE HWY.

2a. Mailing Address

26 3299 NORTH DIXIE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OAKLAND PARK, FL

City & State

28 OAKLAND PARK, FL

Zip

24 33334 25 USA.

Zip

29 33334 30 USA.

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE #37
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

EUGENE D KROM.

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

19832 NE 11TH COURT.

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33179.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KROM, EUGENE D
STREET ADDRESS 19832 N.E. 11TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE PRESIDENT ☐ DELETE
NAME MOHAMADREZA FAROKHNIA
STREET ADDRESS 4031 NE 16TH TERR.
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition
1.2 NAME EUGENE D KROM
1.3 STREET ADDRESS 19832 NE 11TH COURT
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179.

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)