

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063202

1. Entity Name

VITRAN-CENTURY INVESTMENT CORP.

FILED

00 JUN 12 AM 10:39

Principal Place of Business

Mailing Address

13052 S.W. 133RD COURT
MIAMI FL 33186

13052 S.W. 133RD COURT
MIAMI FL 33186-5855

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

00034355

4/22/00 9:00 AM 150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BERTRAN, RUBEN
13052 S.W. 133RD COURT
MIAMI FL 33186

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	BERTRAN, RUBEN	
STREET ADDRESS	13052 S.W. 133RD COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERTRAN, RUBEN	
STREET ADDRESS	13052 S.W. 133RD COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILLAR, LUIS	
STREET ADDRESS	13052 SW 133RD CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 REQUIRED

SIGNATURE (DO NOT TYPE OR PRINT) NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000 315-971-0855

Date

Daytime Phone #

CR2E034 (9/99)

2012

Form **SS-4**

Application for Employer Identification Number

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

(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.) VITRAN - CENTURY INVESTMENT 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. 133rd 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 COUNTY, FL					
7 Name of principal officer, general partner, grantor, owner, or trustee - 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"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN					
<input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Other corporation (specify) ►					
<input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmer's cooperative					
<input type="checkbox"/> Other nonprofit organization (specify) ► <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 FL		Foreign country	
9 Reason for applying (Check only one box.)					
<input checked="" type="checkbox"/> Started new business (specify) ► INVESTMENTS IN REAL ESTATE					
<input type="checkbox"/> Banking purposes (specify) ►					
<input type="checkbox"/> Changed type of organization (specify) ►					
<input type="checkbox"/> Purchased going business					
<input type="checkbox"/> Created a trust (specify) ►					
<input type="checkbox"/> Hired employees					
<input type="checkbox"/> Created a pension plan (specify type) ►					
<input type="checkbox"/> Other (specify) ►					
10 Date business started or acquired (Mo., day, year) (See instructions.) 5-1-1999		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	
		Household 0			
14 Principal activity (See instructions.) ► INVESTMENT IN REAL ESTATE					
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 ►					
Gen. Ind. Class Size Reason for applying					