## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P98000066866** 1. Entity Name SOUTH FLORIDA TRANSPORTATION GROUP CORP. 01-29-2000 90015 033 \*\*\*150.00 Mailing Address Principal Place of Business 16560 NE 6TH AVENUE 16560 NE 6TH AVENUE NORTH MIAM! FL 33162-3646 NORTH MIAM! FL 33162 910118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0860899 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JARAMILLO. WILLAIM Street Address (P.O. Box Number is Not Acceptable) 16560 NE 6 AVE. N. MIAMI BEACH FL 33162 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 DATE e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed n FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE CANADA, MARIO A NAME STREET ADDRESS STREET ADDRESS 16560 NE 6TH AVENUE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33162 ☐ Change Addition TITLE ☐ Delete TITLE JARAMILLO, WILLIAM E NAME NAME STREET ADDRESS 16560 NE 6TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33162 ☐ Change SECRETAK Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition ☐ Delete TITLE TITLE 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 withpall other like empowered.