

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P98000078706*

1. Entity Name

M & M Shuttle Services Corp.

DO NOT WRITE IN THIS SPACE

02 JUN 21 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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2. Principal Place of Business

3201 W. BROWARD BLVD.

3. Mailing Address

3201 W. BROWARD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE

4. FEI Number

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ESCOBAR, MAURICIO

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

3201 W. BROWARD BLVD

City

FT. LAUDERDALE

FL

Zip Code

33311

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

(NOTE: Registered Agent signature required when reinstating)

MAURICIO ESCOBAR

DATE

5/29/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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	<i>O/P</i>
NAME	<i>ESCOBAR, MAURICIO</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>
TITLE	<i>T/O</i>
NAME	<i>ROJAS, RAFAEL</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD.</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>
TITLE	<i>S/O</i>
NAME	<i>GUEJANA AMPARO</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD.</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>
TITLE	<i>V/O</i>
NAME	<i>ROJAS, GABRIEL</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD.</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>
TITLE	<i>O</i>
NAME	<i>GIL, ELIZABETH</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>
TITLE	<i>O</i>
NAME	<i>QUIROZ, CARLOS A.</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>

TITLE	<i>O</i>
NAME	<i>CARDONA, LELIA</i>
STREET ADDRESS	<i>3201 W. BROWARD BLVD.</i>
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33311</i>
TITLE	<i>800005980398--3</i>
NAME	<i>-06/25/02--01063--031</i>
STREET ADDRESS	<i>****150.00 ****150.00</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

President 5/29/2002 (954) 583-6329

Date

Daytime Phone #

CR2E034B (12/01)