

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P98000080251

1. Entity Name

VITRAN INVESTMENT III CORP.

FILED

00 JUN 12 AM 10:39

Principal Place of Business

13052 SW 133 CT  
MIAMI FL 33186

Mailing Address

13052 SW 133 CT  
MIAMI FL 33186-5855

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/22/00 900641039 \$150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTRAN, RUBEN  
13052 SW 133 CT  
MIAMI FL 33186

Name

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

City

FL

Zip Code

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 PD  
NAME BERTRAN, RUBEN  
STREET ADDRESS 13052 SW 133 CT  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME VILLAR, LUIS  
STREET ADDRESS 13052 SW 133 CT  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-2000

305-971-0855

Date

Daytime Phone #

CR2E034 (9/99)

2092

Form **SS-4**

# Application for Employer Identification Number

(Rev. December 1995)

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.) <b>VITRAN INVESTMENT III CORP</b>	
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.) <b>13052 S.W. 133<sup>RD</sup> CT</b>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <b>MIAMI FL 33186</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>MIAMI - DADE COUNTY, FL</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) ► <b>264-72-7292</b> <b>RUBEN BERTAN</b>	

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Plan administrator-SSN	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Other corporation (specify) ►	
<input type="checkbox"/> REMIC		<input type="checkbox"/> Trust	
<input type="checkbox"/> State/local government		<input type="checkbox"/> Federal Government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ►		<input type="checkbox"/> Farmer's cooperative	
<input checked="" type="checkbox"/> Other (specify) ► <b>NEW CORP.</b>		<input type="checkbox"/> Church or church-controlled organization	
		(Enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FL</b>	Foreign country
---	--------------------	-----------------

9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ►	
<input checked="" type="checkbox"/> Started new business (specify) ► <b>INVESTMENT IN REAL ESTATE</b>		<input type="checkbox"/> Changed type of organization (specify) ►	
<input type="checkbox"/> Hired employees		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ►		<input type="checkbox"/> Created a trust (specify) ►	
		<input type="checkbox"/> Other (specify) ►	

10 Date business started or acquired (Mo., day, year) (See instructions.) <b>5-1-99</b>	11 Closing month of accounting year (See instructions.) <b>DECEMBER</b>
--	--

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)			
► <b>N/A</b>			

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 <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
---	-----------------------------	--------------------------	-----------------------

14 Principal activity (See instructions.) ►
---

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) <b>305-971-0855</b>
---	--

Name and title (Please type or print clearly.) ► <b>RUBEN BERTAN</b>	Fax telephone number (include area code) <b>305-971-0317</b>
--	---

Signature ► <b>R. Bertan Sr.</b>	Date ► <b>5/26/2000</b>
----------------------------------	-------------------------

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------