

2002 UNIFORM BUSINESS REPORT (UBR)

02-28-2002 90131 020 ***158.75

P98000083692

DOCUMENT # P98000083692

1. Entity Name

FLORIDA TRANSPORTATION ALLIANCE, INC.

02 MAR 15 PM 12:22

Principal Place of Business

420 VILLAGE VIEW LANE
LONGWOOD FL 32779

Mailing Address

420 VILLAGE VIEW LANE
LONGWOOD FL 32779

2. Principal Place of Business

195 WEEHWA SPRINGS RD

3. Mailing Address

Suite, Apt. #, etc.

340

City & State

LONGWOOD FL

City & State

Zip

32779

Country

SEMINOLE

Zip

Country

4. FEI Number

59-3538985

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARD COHEN
375 DOUGLAS AVE
ALAMONTE SPEC, FL 32814

7. Name and Address of New Registered Agent

Name

CLIFFORD J. GEISMAR, ESQ.

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

2431 ALOMA AVE

153

City

WINTER PARK

FL

Zip Code

32792

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 of person or printed name of registered agent and title if applicable.

EDWARD COHEN

(NOTE: Registered Agent signature required when reinstating)

2/15/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D COHEN, EDWARD
420 VILLAGE VIEW LANE
LONGWOOD FL 32779

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TORNABENE, JAMES M
10125 CAOBA STREET
PALM BEACH GARDENS FL 33410

☒ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 REQUIRED COHEN

President

2/15/02

407-786-7948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E034 (9/01)