

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90010 043 ***150.00

DOCUMENT # P98000093596
1. Entity Name
BY BUS INC**Principal Place of Business**
2895 BISCAYNE BLVD #283
MIAMI, FL 33137
Mailing Address
848 SW 9 ST CIRCLE
#201 -
BOCA RATON, FL
33186**A0963257****2. Principal Place of Business**
2895 BISCAYNE BLVD
3. Mailing Address
Suite, Apt. #, etc.
283**City & State**
MIAMI - FLORIDA**City & State****4. FEI Number**
65-0885832**Applied For**
☐ **Not Applicable****Zip**
33137
Country
USA**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**HECTOR GUSTAVO GOMEZ
848 SW 9 ST CIRCLE #201
BOCA RATON - FL 33486**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, 2001 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**
HECTOR GUSTAVO GOMEZ ☐ Delete
NAME
PRESIDENT
STREET ADDRESS
848 SW 9 ST CIRCLE #201
CITY-ST-ZIP
BOCA RATON - FL 33186**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
MIRIAM FELZONSWILAS ☐ Delete
NAME
VICE PRESIDENT
STREET ADDRESS
3847 NE 168 ST #51
CITY-ST-ZIP
MIAMI, FL 33160**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 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

04/18/01
Date(561) 4454373
Daytime Phone #

CR2E034 (11/00)