DOCUN 1. Entity Name	UNIFORM BUSING MENT # P9800009 CCOUNTING & FINANCIAL GR	97042	RT (UBR)		FIL May 15, 2 Secretary 05-15-2001 901	001 8:00	am 🦠
Principal Place 1450 WEST 6851 HIALEAH FL 330	TSTE.B	Mailing Address 1450 WEST 68ST.:STE.B HIALEAH FL 33012			enne	755	
2. Principal Pla /800 Suite, Apt. #	ace of Business /# 5/2 W · 49 - 5/2 #, etc.	Suite, Apt. #, etc.	9°51.		DO NOT WRITE	IN THIS SPACE	
City & State LIC /- Zio	erh, Fl.	121 City & State 11:alenh Zip	F/	4. F	El Number 65-0876571	Not	plied For t Applicable
3301	7 7 7 7 7 1	330/2	USA		Certificate of Status Desired lame and Address of New Re	\$8.75 Addi Fee Required	
1450 B	EZ, JORGE R W 68 STREE T EAH FL 3 3014		412	ress (P.O. B	ox Number is Not Acceptable)	FL Zip Code	3012
SIGNATURE	named entity submits this statement for the statement of		egistered office or re			DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		! FEE IS \$150.00 If Fee will be \$55 e to Department of	0.00	10. Election Campaign Fina Trust Fund Contribution	° _ Ψ0.0	0 May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD LOPEZ, JORGE R 1450 W 68 STREET B HIALEAH FL 33014	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DITIONS/CHANGES TO OFFICE 13. 49 5 51. 14. Fl. 3	Change	Addition COO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, ALINA B 1450 W 68 STREET B HIALEAH FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 . Yia [i	w. 49 = St.	#121 3014	Addition	
TITI.E NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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 CATY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the co	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emporation or on an attachment with an address, w	true and accurate and that movered to execute this report.	ny signature shall ha as required by Chap	ve the same	legal effect as if made under o	eath: that I am an office	r or director
SIGNAT		RINTED NAME OF SIGNING OFFICER	OR DINECTOR		4-28-01 Date	\$25-35 Caytime Prone #	337