

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002081

1. Entity Name

C & S TRANSPORT INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90002 001 ***150.00

Principal Place of Business

Mailing Address

11146 N.W. 38TH STREET
SUNRISE FL 33351

11146 N.W. 38TH STREET
SUNRISE FL 33351-7585

2. Principal Place of Business

PO Box 451545

3. Mailing Address

PO Box 451545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUNRISE POST OFFICE

SUNRISE POST OFFICE

City & State

City & State

SUNRISE FL

SUNRISE FL

Zip

Country

33345

BROWARD

Zip

Country

33345

BROWARD

4. FEI Number

650 891 910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

NO

6. Name and Address of Current Registered Agent

ROSEN, STEVEN
11146 N.W. 38TH STREET
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name STEVE ROSEN

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

(PO BOX) 11146 NW 38 ST

City SUNRISE

FL

Zip Code 33351

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

Steve Rosen President

01/07/00

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)

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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

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\$5.00 May Be Added to Fees

NO

11. OFFICERS AND DIRECTORS

TITLE SPVT
NAME ROSEN, STEVEN
STREET ADDRESS 11146 N.W. 38TH STREET
CITY-STATE-ZIP SUNRISE-FL-33351

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ 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:

Steve Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00

Date

(954) 298-2500

Daytime Phone #