## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000014252** May 09, 2000 8:00 am Secretary of State 1. Entity Name MERCY & NORMAN PRIVATE BUS SERVICE, INC. 05-09-2000 90012 003 \*\*\*150.00 Mailing Address Principal Place of Business 14820 S.W. 138 TERRACE 14820 S.W. 138 TERRACE MIAMI FL 33196-4674 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 65-0894506 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALENCIA, NORMAN Street Address (P.O. Box Number is Not Acceptable) 14820 S.W. 138 TERRACE MIAMI FL 33196 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be. "After MAY 1, 2000 Fee will be \$550:00= Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 1 ( Jan 1944 - 🗖 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. るない特色は、jet vt. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition Delete TITLE VALENCIA, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 14820 S.W. 138 TERRACE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33196** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MORALES, MERCEDES L NAME NAME STREET ADDRESS STREET ADDRESS 14820 S.W. 138 TERRACE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33196** ☐ Change Addition ☐ Delete TITLE VALENCIA, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 14820 S.W. 138 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 ☐ Change ☐ Addition ☐ Delete TITLE TITLE VALENCIA, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 14820 S.W. 138 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 propowered. SIGNATURE:

Daytime Phone #

Date

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR