

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014252

1. Entity Name
MERCY & NORMAN PRIVATE BUS SERVICE, INC.

Principal Place of Business
14820 S.W. 138 TERRACE
MIAMI FL 33196

Mailing Address
14820 S.W. 138 TERRACE
MIAMI FL 33196

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VALENCIA, NORMAN
14820 S.W. 138 TERRACE
MIAMI FL 33196

REINSTATEMENT

4. FEI Number 65-0894506

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

Norman Valencia

10-05-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME VALENCIA, NORMAN
STREET ADDRESS 14820 S.W. 138 TERRACE
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE VPSD
NAME MORALES, MERCEDES L
STREET ADDRESS 14820 S.W. 138 TERRACE
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE TD
NAME VALENCIA, DAVID
STREET ADDRESS 14820 S.W. 138 TERRACE
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004679337--1
-11/14/01--01087--014
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Norman Valencia

10-05-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000672 AV

CR2E034 (5/01)