


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90317 026 ***150.00

0322669 AV

| | |
|---|---|
| DOCUMENT # P99000014252 |  |
| 1. Entity Name MERCY & NORMAN PRIVATE BUS SERVICE, INC. | |

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|--|--|
| 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 | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0894506 | Applied For |
| | Not Applicable |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VALENCIA, NORMAN 14820 S.W. 138 TERRACE MIAMI FL 33196 |
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|--|
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VALENCIA, NORMAN | | NAME | |
| STREET ADDRESS 14820 S.W. 138 TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33196 | | CITY-ST-ZIP | |
| TITLE VPSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MORALES, MERCEDES L | | NAME | |
| STREET ADDRESS 14820 S.W. 138 TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33196 | | CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VALENCIA, DAVID | | NAME | |
| STREET ADDRESS 14820 S.W. 138 TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33196 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

| | | |
|---|-------------|------------------------|
| SIGNATURE:  | DATE | DAYTIME PHONE # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |