FILED Aug 15, 2003 8:00 am Secretary of State 08-15-2003 90084 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nar | ne | # P9900032 | | (L) | | | 00-13-2003 | 20064 03. | 1 13 | 0.00 | |
|---|--|--|-------------------------------|-----------------------|----------------------------|----------------------------------|--|--|-------------------------------|------------------------------|--|
| Principal Place of Business Mailing Address 18520 N.W. 47TH AVENUE CAROL CITY, FL 33055 CAROL CITY, FL 33055 | | | | | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | CHECK HERE I | F MAKING C | HANGES | | |
| City & State | | | City & State | City & State | | | 4. FEI Number 65-0925476 | | | Applied For . Not Applicable | |
| Zip | Country | | Zip | Zip Cour | | 5. Certificate of Status Desired | | □ \$ | S8.75 Additional Fee Required | | |
| | | and Address of Currer | nt Registered Agent | | Name | 7." Name's | and Address of New R | egistered Ag | ent | | |
| ARVER, JU 18520 N.W. CAROL CIT | . 47TH AVE | NUE | | Street Address (| | | mber is Not Acceptable |) | | | |
| 4 | | 2 | | | City | | | | Zip Cod | (0. | |
| B The shows | named antit | | for the purpose of changing | n ite ranieter | } ` | on seek se | hoth in the State of Fla | FL | | | |
| the obligat | tions of regist | tered agent. | to the purpose of changing | A us redisten | ed onice or register | eu agent, or | Sour, in the State of Fig | nua. Iam sa | illizi Wilii, | and accept | |
| SIGNATURE | | or printed name of registered ager | nt and tide if applicable. | (NOTE: Registere | ul Agentsignature required | when reinstating) | | DATE | | | |
| Aft. Make Check | FILE NOW er May 1, 2 Amended (Payable to | !!: PEE IS \$150,00 003 Fee will be \$550.0 UBR is \$61.25 o Florida Department | 00 of State | | | | Election Campaign Finance Trust Fund Contribution | | \$5.0 Added | 00 May Be d to Fees | |
| 10. | | OFFICE R S AND | | 11. | | ADDITION | S/CHANGES TO OFFI | CERS AND D | RECTOR | S IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP | 18520 N.V | UAN CARLOS V. 47TH AVENUE TY, FL 33055 | ☐ Delete | 3 | J | | | [|] Change | ☐ Addition | |
| TITLE Name Street address | | 185 STREET | ☐ Delete | TITLE NAMI STRE | l | | | |] Change | Addition . | |
| CITY-ST-ZIP | CAROL CI | TY, FL 33055 | Delete | CAY- TALE | -ST-21P | | | | Change | ☐ Addition | |
| STREET ADDRESS | ا عند جدد | | | B B | ET ADDR e ss | | والمراجعة | ********** ************************** | - - سشنجيب | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE | | | | |] Change | ☐ Addition | |
| CITY-ST-ZIP TITLE NAME | | <u> </u> | ☐ Delete | TITLE | i i | | | |] Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-2IP | | | | 8 | ET ADDRÉSS -ST -ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | ☐ Delete | | ! | | | |] Change | Addition | |
| 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 all other like empowered. | | | | | | | | | | | |
| SIGNAT | URE: _ | SENATURE AND TYPED OR | PRINT ED NAME OF SIGNING OFFE | CER OR DIRECT | OR . | <u>'</u> | Cate | | ne Phone # | | |

Miami, FL, August 11, 2003

FLORIDA DEPARTMENT OF STATE Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Ref: J.C. ARVER SCHOOL BUS TRANSPORTATION INC., Doc. No.: P99000032311

Dear Sirs,

This is to inform you that J.C. ARVER SCHOOL BUS TRANSPORTATION INC. did not file its 2003 Uniform Business Report on time, since the 2003 UBR Package sent by you was not received in a reasonable time frame to be returned on time. However, this company sent the filled-out document along with the payment of \$150.00. Therefore, we would like to request, if applicable, to waive the \$400.00 late fee imposed to this company, since the late filing was beyond their control.

Should you have further questions, please contact us at 305-262-2323. Please reply as soon as possible.

Thank you very much for your cooperation.

Sincerely,

XIOMARA LEE, P.A