## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900034218  1. Entity Name PARS TRANSPORT, INC. USA					Jan 19, 2000 8:00 am Secretary of State			
Principal Place	e of Business	Mailing Address	<del></del>		01 17 2000			
6011 N.E. 3RD. AVE. FT.LAUDERDALE FL 33334		6011 N.E. 3RD. AVE. FT.LAUDERDALE FL 33309-4560				,		
Suite, Apt. #, etc.		3. Mailing Address  C/o JESSICA SCHONIS  Suite, Apt. #, etc.  H171 NW 16TH AVE			DO NOT WRITE IN THIS SPACE			
City & State  FT LAUDERDALE FL		City & State FT LAUDERDALE FL			El Number 55 - 0909280		plied For t Applicable	
Zip 3330	Country	Zip 33309	Country U.S.A.		Certificate of Status Desired	S8.75 Add		
-3330	6. Name and Address of Current			- 1 - 7. N	lame and Address of New R			
OBERTHER, TODD R 6011 N.E. 3RD. AVE. FT.LAUDERDALE FL 33334			Street Address (P.O. Box Number is Not Acceptable)  CO JESSICA SCHONIS  HITI NW 16TH AVE  City FT LAUDERDALE FL Zip Code 333309					
9. This corpo	named entity submits this statement for Signature, typed or printed name of registered agent to pration is eligible to satisfy its Intangible equirement and elects to do so.	rnd title if applicable. (NOTE: I	Registered Agent signature  FEE IS \$150.00  Fee will be \$550	required when re		DATE \$5.0	<b>0</b> May Be to Fees	
·	la on back)	Make Check Payable	to Department of		DITIONS/CHANGES TO OFF	ICEDS AND DIRECTORS	S INI 11	
11. TITLE NAME STREET ADDRESS : CITY-ST-ZIP	OFFICERS AND P OBERTHER, TODD R 4171 N.W. 16TH AVENUE FT.LAUDERDALE FL 33309	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFF	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHONIS, FREDRICK 4171 N.W. 16TH AVENUE FT.LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. SCHONIS, JESSICA 4171 N.W. 16TH AVENUE FT. LAUDERDALE FL 33309	Delete	NAME STREET ADDRESS CITY-ST-ZIP	·	<u>.</u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my owered to execute this report a	z signature shall hav	e the same l	egal effect as it made under o	oath: that I am an officer	or director 1	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR