

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038848

1. Entity Name
G.S.A. TRANSPORT, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90037 027 ***150.00

Principal Place of Business Mailing Address
3055 BURRIS RD. 3055 BURRIS RD.
FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0916256 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESROSIERS, ORANE
3055 BURRIS RD.
FT. LAUDERDALE FL 33314

Name G E R V A I S A N D R E

Street Address (P.O. Box Number is Not Acceptable)

3055 BURRIS RD

City FT. LAUDERDALE FL Zip Code 33314

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 Orane Desrosiers ORANE DESROSIERS / VICE PRES / DATE 1/5/01
(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME G E R V A I S , A N D R E
STREET ADDRESS 3055 BURRIS ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33314

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 empowered.

SIGNATURE:

Andre Gervais ANDRE GERVAIS (pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)