

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044721 - 12

1. Entity Name

LOUIS TRANSPORTATION INC

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90083 043 \*\*\*150.00

Principal Place of Business

315 N.W. 20TH ST. APT. 3  
BOCA RATON FL 33431

Mailing Address

315 N.W. 20TH ST. APT. 3  
BOCA RATON FL 33431-7928

2. Principal Place of Business

315 NW 20th ST  
Suite, Apt. #, etc.  
APT # 3

3. Mailing Address

315 NW 20th ST # 3  
Suite, Apt. #, etc.  
APT # 3

City & State

BOCA-RATON FLA  
Zip Country  
33431 USA

City & State

BOCA-RATON FLA  
Zip Country  
33431 USA

4. FEI Number

65-0919319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOUIS, WILBERT  
315 N.W. 20TH ST. APT. 3  
BOCA RATON FL 33431

Name

MIA

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 WILBERT LOUIS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-22-00

DATE

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, 2000 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

TITLE NAME WILBERT LOUIS ☐ Delete  
STREET ADDRESS 315 NW 20th ST # 3  
CITY-ST-ZIP BOCA-RATON FLA 33431

TITLE NAME                      ☐ Delete  
STREET ADDRESS                       
CITY-ST-ZIP                     

TITLE NAME                      ☐ Delete  
STREET ADDRESS                       
CITY-ST-ZIP                     

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TITLE NAME                      ☐ Delete  
STREET ADDRESS                       
CITY-ST-ZIP                     

TITLE NAME                      ☐ Delete  
STREET ADDRESS                       
CITY-ST-ZIP                     

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS                       
CITY-ST-ZIP                     

TITLE NAME                      ☐ Change ☐ Addition  
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: W. Louis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00-561-3959542

Date Daytime Phone #

CR2E034 (9/99)