

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-30-2001 90026 019 ***150.00

0239654

DOCUMENT # P99000044721

1. Entity Name

LOUIS TRANSPORTATION INC

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**

2. Principal Place of Business

BOCA RATON

Suite, Apt. #, etc.

#3

City & State

BOCA RATON FLA

Zip

33431

Country

U.S.A

3. Mailing Address

315 NW 20TH ST

Suite, Apt. #, etc.

#3

City & State

BOCA RATON FLA

Zip

33431

Country

U.S.A



DO NOT WRITE IN THIS SPACE

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**

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.

SIGNATURE **WILBERT LOUIS**

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

(NOT Registered Agent signature required when reinstating)

DATE

5-22-01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW
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

TITLE **D** ☐ Delete
 NAME **LOUIS, WILBERT**
 STREET ADDRESS **315 NW 20TH STREET # 3**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 empowerer

SIGNATURE: **WILBERT LOUIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-22-01-561-395954

CR2E034 (10/00)