

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064045

1. Entity Name

UNIQUE TRANSPORTATION SYSTEMS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90353 038 ***158.75

Principal Place of Business

7007 N.W. 30TH STREET
MIAMI FL 33122-1328

Mailing Address

PO BOX 52-1092
MIAMI FL 33152

2. Principal Place of Business

8000 NW 29 St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0935050

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, RUBEN

7007 N.W. 30TH STREET
MIAMI FL 33122-1328

Name

Ruben Valdes

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

8000 NW 29 St

City

Miami

FL

Zip Code

33122

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VALDES, RUBEN
7007 N.W. 30TH STREET
MIAMI FL 33122-1328

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

D
JUELICH, JOHN
7007 N.W. 30TH STREET
MIAMI FL 33122-1328

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Juelich

4/19/01

304-406-2501

CR2E034 (10/00)