

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90008 031 \*\*\*150.00

**DOCUMENT # P99000091006**

1. Entity Name

**IMPERIAL ONE TRANSPORT INC.**

Principal Place of Business

Mailing Address

**3905 EAST WOODSCAPE DRIVE  
 MIRAMAR FL 33023**

**3905 EAST WOODSCAPE DRIVE  
 MIRAMAR FL 33023**

2. Principal Place of Business

**3905 E. Woodscape Drive**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIRAMAR, FL.**

City & State

**-**

Zip

**33023**

Country

**USA**

Zip

**-**

Country

4. FEI Number

**65-0954492**

Applied For

**Not Applicable**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ETKINS, VALERIE TAYLOR  
 3905 EAST WOODSCAPE DRIVE  
 MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

**N/A**

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

**N/A**

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

(NOT Required Agent signature required when reinstating)

DATE

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  
 Make Check Payable to Department of State**

**FEE IS \$150.00  
 Fee will be \$550.00**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Orwin A Etkins Sr.</b>	
STREET ADDRESS	<b>3905 East Woodscape Drive</b>	
CITY-ST-ZIP	<b>Miramar, FL 33023</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Valerie Etkins</b>	
STREET ADDRESS	<b>3905 E. Woodscape Drive</b>	
CITY-ST-ZIP	<b>Miramar, FL 33023</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report. If changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954) 986 9310**

CR2E034 (10/00)