

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-25-2001 90214 027 ***150.00

DOCUMENT # P99000094753

1. Entity Name

MASTER TRANSMISSION SPECIALIST, INC.

Principal Place of Business

**7395 S.W. 42ND STREET
 MIAMI FL 33155**

Mailing Address

**7395 S.W. 42ND STREET
 MIAMI FL 33155**

2. Principal Place of Business

Miami - 7395 Sw 42 St.

3. Mailing Address

7395 Sw 42 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33155

Country

None

Zip

33155

Country

None

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

**ORTEGA, JOSEPH R
 13851 S.W. 10TH TERRACE
 MIAMI FL 33184**

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

Jose R. Ortega President

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

(NOTE: Registered Agent signature required when reinstating)

01/10/2001
 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, 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 **PD** ☐ Delete
 NAME **ORTEGA, JOSEPH R**
 STREET ADDRESS **13851 S.W. 10TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33184**

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

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:

Jose R. Ortega
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2001 (305) 267-2425
 Date Daytime Phone #

CR2E034 (10/00)



Department of the Treasury
Internal Revenue Service

Attachment
D# P99000094753
27938

Atlanta GA 39901

In reply refer to: 6240323721
Feb. 22, 2001 LTR 147C
65-0791751 000000 00
Input Op: 6241423721 01279

MASTER TRANSMISSION SPECIALIST INC

~~% PRIETO YVETTE GEN PTR~~
7395 SW 42ND ST
MIAMI FL 33155-4507953

Employer Identification Number: 65-0791751

~~IRS Control Number:~~

Dear Taxpayer:

We received your request of Feb. 12, 2001 asking us to verify your employer identification number (EIN) and name.

Your employer identification number (EIN) is 65-0791751. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call our Customer Service area at 1-800-829-8815 between the hours of 12:00 am and 11:59 pm.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____