

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90079 015 \*\*\*150.00

**DOCUMENT # P99000108372**

**1. Entity Name**  
**COMFORT BUS TRANSPORTATION INC.**

**Principal Place of Business**  
**322 WEST 18TH STREET**  
**HIALEAH FL 33010**

**Mailing Address**  
**322 WEST 18TH STREET**  
**HIALEAH FL 33010**

**2. Principal Place of Business**  
**322 West 18 street**

**3. Mailing Address**  
**322 West 18 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Hialeah**

**City & State**  
**Hialeah FL**

**Zip** **FL 33010** **Country** **USA**

**Zip** **33010** **Country** **USA**

**4. FEI Number** **65-0983692**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CANO, EDWARD**  
**322 WEST 18TH STREET**  
**HIALEAH FL 33010**

**7. Name and Address of New Registered Agent**

**Name** **ILIANA CARMONA**

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

**322 West 18 Street**

**City** **Hialeah** **FL** **Zip Code** **33010**

**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** *Iliana Carmona* **Iliana Carmona**

**DATE** **4/24/02**

**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, 2002 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** **PSD** ☒ **Delete**  
**NAME** **CANO, EDWARD**  
**STREET ADDRESS** **322 WEST 18TH STREET**  
**CITY-ST-ZIP** **HIALEAH FL 33010**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSD** ☒ **Change** ☒ **Addition**  
**NAME** **CARMONA, ILIANA**  
**STREET ADDRESS** **322 West 18 Street**  
**CITY-ST-ZIP** **Hialeah FL 33010**

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

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

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

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

**TITLE** ☐ **Change** ☐ **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 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:** *Iliana Carmona*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** **4/24/02** **Daytime Phone #** **(305) 805-9992**

CR2E034 (9/01)