

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 019 ***150.00

DOCUMENT # S43299

1. Entity Name

WRAP-IT TRANSIT, INC.

Principal Place of Business **2033 W. 62 ST**
~~2050 W. 56TH STREET, STE 32~~
HIALEAH FL 33016

Mailing Address **2033 W. 62 ST.**
~~2050 W. 56TH STREET, STE 32~~
HIALEAH FL 33016-2685

00047710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2033 W 62 ST**
 Suite, Apt. #, etc.

3. Mailing Address **2033 W 62 ST**
 Suite, Apt. #, etc. **H**

City & State **Hialeah FL**

City & State **Hialeah FL**

Zip **33016** Country

Zip **33016** Country

4. FEI Number **65-0261700**

Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TREJOS, BERTHA S.
~~2050 W. 56TH STREET, STE 32~~ **2033 W. 62 ST.**
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name **ORLANDO OSPINA**

Street Address (P.O. Box Number is Not Acceptable)
2033 W 62 ST

City **Hialeah** **FL** Zip Code **33016**

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 **Orlando Ospina** **(President)** **4-27-00.**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered 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!!! FEE IS \$150.00
After MAY 1, 2000 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	D <input checked="" type="checkbox"/> Delete		TITLE	ORLANDO OSPINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREJOS, BERTHA S.		NAME	2033 W 62 ST (President)	
STREET ADDRESS	2050 W. 56TH ST 2033 W. 62 ST.		STREET ADDRESS	HIALEAH FL 33016	
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	MONICA C. OSPINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	2033 W 62 ST (Vice President)	
STREET ADDRESS			STREET ADDRESS	HIALEAH FL 33016	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **X Monica C. Ospina (Vice President)** **4-27-00** **(305) 510 7956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #