

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43299

1. Entity Name

WRAP-IT TRANSIT, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90371 001 ***150.00

04-02-2001 90371 002 *****8.75

Principal Place of Business

2033 W 62ND ST
HIALEAH FL 33016

Mailing Address

2033 W 62ND ST
HIALEAH FL 33016

2. Principal Place of Business

2033 W 62ND ST

Suite, Apt. #, etc.

3. Mailing Address

2033 W 62ND ST

Suite, Apt. #, etc.

City & State

HIALEAH FL 33016

City & State

HIALEAH FL

Zip

33016

Country

USA

Zip

33016

Country

USA

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

ORLANDO, OSPINA

2033 W 62ND ST
HIALEAH FL 33016

7. Name and Address of New Registered Agent

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

Orlando Ospina

ORLANDO OSPINA (PRESIDENT)

3-29-01

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, 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

TITLE P
NAME OSPINA, ORLANDO
STREET ADDRESS 2033 W 62ND ST
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE VP
NAME OSPINA, MONICA C
STREET ADDRESS 2033 W 62ND ST
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Orlando Ospina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

(305) 364 9099

Daytime Phone #

CR2E034 (10/00)