

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517233

1. Entity Name
TRANS - AMERICA FORWARDER, INC.

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

02-10-2000 90042 019 ***150.00

| | |
|--|--|
| Principal Place of Business 8455 NW 74TH ST MIAMI FL 33166-2325 US | Mailing Address P.O. BOX 522166 P.O. BOX 522166, MIAMI, FL. ZIP:33152 MIAMI FL 33152-2166 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 59-1701397 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
**GARCIA, MAEBY
8455 NW 74TH ST.
MIAMI FL 33166**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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.

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

| | |
|----------------|---|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | GARCIA, MAEBY |
| STREET ADDRESS | 1745 WEST 72ND ST. |
| CITY-ST-ZIP | HIALEAH FL |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | MORALES, MELBA I. |
| STREET ADDRESS | 7923 W. 14 CT. |
| CITY-ST-ZIP | HIALEAH FL |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 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: *Maebly Garcia* **MAEBY GARCIA, PRESIDENT** Date: **2/03/00** Daytime Phone #: **(305) 592-6292**

CR2E034 (9/99)