

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
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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)