


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90001 045 ****55.00

DOCUMENT # L01000008627

1. Entity Name
TIFFANY TRANSPORTATION SERVICES, L.C.



Principal Place of Business Mailing Address

**4675 PONCE DE LEON BLVD., STE 305
CORAL GABLES FL 33148** **4675 PONCE DE LEON BLVD., STE 305
CORAL GABLES FL 33148**

2. Principal Place of Business 3. Mailing Address

2199 Ponce de Leon Blvd **2199 Ponce de Leon Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.


Suite 301 **Suite 301**

City & State City & State

CORAL GABLES FLA **Coral Gables FL**

Zip Country Zip Country

33134 **USA** **33134** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1107182** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STINSON JR, LOUIS
4675 PONCE DE LEON BLVD., STE 305
CORAL GABLES FL 33148

7. Name and Address of New Registered Agent

Name **Stewart Agent Services**

Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce de Leon Blvd

Suite 301

City **Coral Gables** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **manager** **3/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

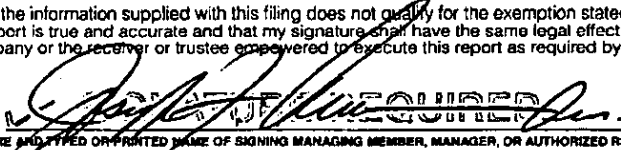
9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	AVERSA, JOSEPH	
STREET ADDRESS	10300 NW 19 STREET - SUITE 111	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVERSA, LINDA	
STREET ADDRESS	10300 NW 19 STREET - SUITE 111	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/28/03** **3055923307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)