

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60048
1. Entity Name Seaboard Transportation Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		3455 N.W. 54 Street	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0005683	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	<u>Lillie Kelley</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>3455 N.W. 54 Street</u>
City	<u>Miami</u>
State	<u>FL</u>
Zip Code	<u>33142</u>

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. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	CD	TITLE	
NAME	Blank, Mark	NAME	
STREET ADDRESS	9350 S. Dixie Hwy #900	STREET ADDRESS	
CITY - ST - ZIP	Miami, Fl. 33156	CITY - ST - ZIP	
TITLE	Blank, Tony DV	TITLE	
NAME	Blank, Tony	NAME	
STREET ADDRESS	9350 S. Dixie HWY #900	STREET ADDRESS	
CITY - ST - ZIP	Miami, Florida 33156	CITY - ST - ZIP	
TITLE	Blank, Andrew DP	TITLE	
NAME	Blank, Andrew	NAME	
STREET ADDRESS	3455 NW 54 St	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33142	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)