


5/5/2

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

DOCUMENT# PO000032261

1. Entry Name: DIVERSIFIED INTERMODAL SERVICES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: MIAMI, FL

3. Mailing Address: 11656 S.W. 143RD AVE

Suite, Apt. #, etc. _____

City & State: MIAMI FL

City & State: _____

Zip: 33186 Country: DADE

Zip: _____ Country: _____

DO NOT WRITE IN THIS SPACE

8. The above named entry 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: Joe C. DaSilva DATE: 5/1/02

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>
NAME	<u>JOSEPH C. DA SILVA</u>
STREET ADDRESS	<u>11656 S.W. 143RD AVE</u>
CITY - ST - ZIP	<u>MIAMI FL 33186</u>
TITLE	<u>VICE - PRESIDENT</u>
NAME	<u>AUDREY H. DASILVA</u>
STREET ADDRESS	<u>11656 SW 143RD AVE</u>
CITY - ST - ZIP	<u>MIAMI FL 33186</u>
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____

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12. 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 10 or on an attachment with an address, with all duties like empowered.

SIGNATURE: Joe C. DaSilva DATE: 5/1/03 (305)793-1655

44003907

DO NOT WRITE IN THIS SPACE

Not Applicable

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: JOSEPH C. DASILVA

Street Address (P.O. Box Number is Not Acceptable): 11656 SW 143RD AVE

City: MIAMI FL Zip Code: 33186

CFR0304B (12/02)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 04-22-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 01-0661751
FORM: SS-4
0134756956 B

attachment
Pol000032261
44003907

DIVERSIFIED INTERMODAL SERVICES INC
11656 SW 143 AVE
MIAMI FL 33186

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0661751. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

04/17/2002

The due date of your return has passed and we have no record of receiving it. Please file your form by 05-07-2002. The penalties and interest will accrue from the date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.