

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # B00000000252**

1. Entity Name

REFRIGERATED TRANSPORT EXPRESS I, L.P.

**FILED**

01 OCT -1 PM 12:17

Principal Place of Business

8500 KENWORTH AVENUE  
DALLAS TX 75241

Mailing Address

8500 KENWORTH AVENUE  
DALLAS TX 75241SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City &amp; State

City &amp; State

4. FEI Number

75-2655981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

75.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. - ADDRESS CHANGES ONLY

DOCUMENT # F00000004594  
NAME UNCOMPAGRE, INC.  
STREET ADDRESS 8500 KENWORTH AVENUE  
CITY-ST-ZIP DALLAS TX 75241 \*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # TI Sub GP LLC  
NAME 3819 Towne Crossing Blvd  
STREET ADDRESS Ste 100  
CITY-ST-ZIP mesquite Tx 75150

STREET ADDRESS

CITY-ST-ZIP

1000004622141--1

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Amendment filed. \*

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9/26/01 912-228-7350

CR2E003 (5/01)