2001 UNIFORM BUSINESS REPORT (UBR)

F0000003472 **DOCUMENT #** 1. Entity Name

UBIDFREIGHT.COM, INC.

Principal Place of Business

Mailing Address

FILED Sep 17, 2001 8:00 am Secretary of State 09-17-2001 90008 046 ***550.00

2061 N.W. 2NE BOCA RATON		2061 N.W. 2ND AVENUE BOCA RATON FL 33431							
2. Principal Place of Business 6401 CONGRESS AUE Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State City & State					4. FEI Number 36-4352157			Applied For Not Applicable	
3348°	7. PACA	Zip	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
- <u></u>	6. Name and Address of Current R	egistered Agent		7.	Name and Addre	ss of New Re			
WACHTEL,	end avenue 6401 Con Gre	Name Street A	<u> </u>						
BOCA RATON FL 39491 - 33487			City				FL	Zip Code	<u> </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 Signature, typed or printed name of registered agent and title if applicable. (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) FILE NOW!!! FI After September 12, 200 Make Check Payable to				e \$750.00	10. Election C	ampaign Final			0 May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.		DDITIONS/CHAN	GES TO OFFI			3 IN 11
NAME STREET ADDRESS	PST WACHTEL, HARRY M 2061 N.W. 2ND AVENUE 6401 BOCA RATON FL 8 3421 3341	□ Delete CONGRIES AUE - [#] 23 87	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WACH COSU BO	TICL HAR NITECK TRA	John Fi	0 1810 182 182		Addition
	CD Wachtel, Harry M 2061 N.W. 2ND Avenue Boca Raton FL 33431	D A Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ţ.] Change	Addition
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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 attackment with an address. With all other like empoweret.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #