

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002849 AF

DOCUMENT # L98000003062

1. Entity Name  
COMPLETE FREIGHT SERVICES, L.C.

00 MAY 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O IAN T. BUTCHER 12224 SW 131 AVE. MIAMI FL 33186	Mailing Address C/O IAN T. BUTCHER 12224 SW 131 AVE. MIAMI FL 33122-1701
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2. Principal Place of Business 7262 NW 25th Street Suite, Apt. #, etc.	3. Mailing Address 7262 NW 25th Street Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0877228	Applied For <input type="checkbox"/> Not Applicable
Zip 33122	Country USA	Zip 33122	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUTCHER, IAN T  
13615 SW 286 TERR.  
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name ANTHONY SMITH  
Street Address (P.O. Box Number is Not Acceptable)  
7262 NW 25th STREET  
City MIAMI FLORIDA FL Zip Code 33122

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 5/16/00

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		<input checked="" type="checkbox"/> Delete
TITLE NAME MGR BUTCHER, IAN T	STREET ADDRESS 12224 SW 131 AVE.	CITY-ST-ZIP MIAMI FL 33186
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

10. ADDITIONS/CHANGES		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME MGR/PRESIDENT ANTHONY SMITH	STREET ADDRESS 7262 NW 25th STREET	CITY-ST-ZIP MIAMI FLORIDA 33122	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/16/00 Date

(305) 599-2005 Daytime Phone #

CR2E083 (9/99)