


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0145053 AB

DOCUMENT # P00000002490	
1. Entity Name TERMINALS EXPRESS OF FLORIDA, INC.	

FILED

03 SEP 10 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9100 S DADELAND BLVD ONE DATRAN CTR. SUITE 1510 MIAMI FL 33156	Mailing Address 100 RAILROAD AVE RIDGEFIELD PARK NJ 07660
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 629 Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State PINE BROOK, NJ	City & State PINE BROOK, NJ
Zip 07058	Country USA

4. FEI Number 65-0973566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDLAND & CO. PA 9100 S DADELAND BLVD ONE DATRAN CTR, SUITE 1510 MIAMI FL 33156	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P TSIVGAS, ANTHANASI 43 SPRUCE HOLLOW ROAD GREENBROOK NJ 08812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000022931080 09/10/03--01058--006 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____
Date _____ Daytime Phone # _____

CR2E034 (4/03)