

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026756

1. Entity Name

TRANSPORTAL XCHANGE.COM, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90199 001 \*\*\*150.00

Principal Place of Business

3900 ISLAND BLVD., SUITE NO 101  
AVENTURA FL 33160

Mailing Address

3900 ISLAND BLVD., SUITE NO 101  
AVENTURA FL 33160

2. Principal Place of Business

3924 NE 199 terrace

Suite, Apt. #, etc.

AVENTURA

City & State

FL

Zip

33180

Country

USA

3. Mailing Address

3924 NE 199 Terrace

Suite, Apt. #, etc.

AVENTURA

City & State

FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M  
C/O FROMBERG PERLOW & KORNICK-PA  
20801 BISCAYNE BLVD., SUITE 505  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	SHUSTACK-WAX, LAURIE	
STREET ADDRESS	3900 ISLAND BLVD., SUITE NO 101	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WAX, IRWIN	
STREET ADDRESS	3900 ISLAND BLVD., SUITE NO 101	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUSTACK-WAX LAURIE	
STREET ADDRESS	3924 NE 199 terrace	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAX, IRWIN	
STREET ADDRESS	3924 NE 199 terrace	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie Shustack

Laurie SHUSTACK

April 16/01 909-315-3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0196680