

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90080 048 \*\*\*150.00

DOCUMENT # **P00000026756**

1. Entity Name  
**TRANSPORTAL XCHANGE.COM, INC.**

Principal Place of Business  
**3924 NE 199 TERR.  
 AVENTURA FL 33180**

Mailing Address  
**3924 NE 199 TERR.  
 AVENTURA FL 33180**

94944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1624 PRESIDENTIAL WAY**  
 Suite, Apt. #, etc.  
**NORTH MIAMI BEACH**  
 City & State  
**FLORIDA**

3. Mailing Address  
**1624 PRESIDENTIAL WAY**  
 Suite, Apt. #, etc.  
**NORTH MIAMI BEACH**  
 City & State  
**FLORIDA**

Zip  
**33179** Country  
**USA**

Zip  
**33179** Country  
**USA**

4. FEI Number  
**65-1002006**  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**PERLOW, JEFFREY M**  
**C/O FROMBERG PERLOW & KORNIK 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PST	SHUSTACK-WAX, LAURIE	3924 NE 199 TERR.	AVENTURA-FL-33180	<input type="checkbox"/>
VAS	WAX, IRWIN	3800 ISLAND BLVD., SUITE NO 101	AVENTURA-FL-33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1624 Presidential way	North MIAMI Beach FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1624 Presidential way	NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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: SIGNATURE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 25/02 Daytime Phone #: 305-935-7277