


**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90113 029 \*\*\*150.00

### 1. Entity Name

**MEDLEY FREIGHT LINES, INC.**

Principal Place of Business <b>1712 SOUTHWEST 99TH PLACE MIAMI FL 33165</b>		Mailing Address <b>1712 SOUTHWEST 99TH PLACE MIAMI FL 33165</b>			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
... Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1113423</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHERAR, CRAIG Z 2701 SOUTH BAYSHORE DRIVE STE 605 MIAMI FL 33133</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>		10. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE 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: <b>SHERAR, CRAIG Z</b>		<b>DIRECTOR</b>		<b>4-18-02 (305) 888-1717</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	