

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90282 002 \*\*\*158.75

**DOCUMENT # P01000065849**

1. Entity Name  
**FREDDY TRANSMISSION, INC.**

Principal Place of Business

**13859 SW 139 CT  
 MIAMI FL 33186**

Mailing Address

**13859 SW 139 CT  
 MIAMI FL 33186**

2. Principal Place of Business

**SAME**

3. Mailing Address

**9600 NW 25 ST.**

Suite, Apt. #, etc.

**Suite A**

City & State

**MIAMI, FLORIDA**

Zip

Country

**33172**

Country

**USA.**

4. FEI Number

**65-1117949**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**REGUERO, ALFREDO  
 17148 SW 142 CT  
 MIAMI FL 33177**

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, 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 **PVST**  
 NAME **RAGUELIN, B. SOLER**  
 STREET ADDRESS **17148 SW 142 CT**  
 CITY-ST-ZIP **MIAMI FL 33177**

☐ Delete

TITLE **D**  
 NAME **RAGUELIN, B. SOLER**  
 STREET ADDRESS **17148 SW 142 CT**  
 CITY-ST-ZIP **MIAMI FL 33177**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **RAGUELIN, B. SOLER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/02 (305) 463-8077**  
 Date Daytime Phone #

CR2E034 (9/01)