


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90143 001 \*\*\*150.00

<b>DOCUMENT # P01000092094</b>					
1. Entity Name <b>FREIGHT TO RIDE ENTERPRISES INCORPORATED</b>					
Principal Place of Business <b>2582 S MAGUIRE RD #345 OCOE FL 34761</b>			Mailing Address <b>2582 S MAGUIRE RD #345 OCOE FL 34761</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ESTIVENSON, ALBERTO</b> <b>2582 S MAGUIRE RD #345</b> <b>OCOE FL 34761</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTIVENSON, ALBERTO</b>		NAME		
STREET ADDRESS	<b>2582 S MAGUIRE RD #345</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCOE FL 34761</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			<b>4/5/03</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>407-876-1459</b> Daytime Phone #		

CR2E034 (10/02)

ATTACHMENT

88036049  
P01000092094Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>FREIGHT TO RIDE ENTERPRISES INC.</b>	
	2 Trade name of business (if different from name on line 1) <b>FTR</b>	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>2582 So. MAPUIRE RD #345</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>OCFEE, FL 34761</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>ORANGE, FL</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>AL ESTIVENSON</b>	7b SSN, ITIN, or EIN
8a Type of entity (check only one box)		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country
State <b>FLORIDA</b>		
9 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____
10 Date business started or acquired (month, day, year) <b>7/1/02</b>		11 Closing month of accounting year <b>December</b>
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>N/A</b>		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶		Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>
14 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input checked="" type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>N/A</b>		
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ <b>PRESIDENT, FTR AL ESTIVENSON</b>		Applicant's telephone number (include area code) <b>(732) 208-3429</b>
Signature ▶ <b>[Signature]</b> Date ▶ <b>12/05/02</b>		Applicant's fax number (include area code) <b>(800) 876-4331</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)