2002 UNIFORM BUSINESS REPORT (UBR)

P01000109779 **DOCUMENT #** 1. Entity Name TAYMAR FREIGHTWAYS, INC.

Principal Place of Business

Mailing Address

7204 NW 84TH AVENUE 2ND FLOOR

7204 NW 84TH AVENUE 2ND FLOOR MIAMI FL 33166

MIAMI FL 33166



2. Principal F	Place of Business	3. Mailing Address			1 4001108	I III da u a t il a it da ith	BEAH BRIDI ALE	ii goish ibiis ibhi	i (8818 1811 (88)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City'& State		City & State		4.	FEI Number	1160			pplied For]	
Zip	Country	Zip	Country		<u> 69 -</u>	11227	123		lot Applicable	-	
				5.	Certificate o	f Status Desired		\$8.75 Ac Fee Require		1	
	6. Name and Address of Current R	egistered Agent		7.	Name and A	ddress of New	Registered	Agent		1	
DIAZ, O.J.			Name	Name							
•	40TH STREET SUITE 206		Street A	Street Address (P.O. Box Number is Not Acceptable)						1	
MIAMI FL 33155											
MINAMI I C	35135								······································		
y magazini.			City				FI	Zip Cod	de		
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or	registered ag	gent, or both	in the State of F	-lorida.			1	
<u>.</u> 2											
SIGNATURE.				_							
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: I	Registered Agent signatu	re required when r	reinstating)		DATE				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After May 1, 2002			FEE IS \$150.0) O	. ∫ - 10. Flect	ion Campaign F	inancing	¢E (30 14 5-		
	equirement and elects to do so. ia on back)		After May 1, 2002 Fee will be \$550.00 ke Check Payable to Department of Stat			Trust Fund Contribution Added to Foco					
11.	OFFICERS AND D	1	12.		DITIONG (O	LIANOTO TO OF	EIOEDO A	D. D. C.]	
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	ortify that the information of	io filipo dese esta alta fa di	CITY-ST-ZIP		440.07(0)(0)	E				ı	
indicated.	ertify that the information specified with th	is filing does not qualify for th	ie exemption state	ea in Section	119.07 (3)(i) ,	Fiorida Statutes.	. I further ce	rtify that the ir	nformation		

indicated on this report or suppler of the corporation or the receiver of changed, or on an attachment with

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 yowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if th all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR