

03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000109779

1. Entity Name

TAYMAR FREIGHTWAYS, INC.



03 MAY -9 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8346 NW 68 STREET

3. Mailing Address
8346 MW 68 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-1152453

Applied For
Not Applicable

Zip
33166

Country
US

Zip
33166

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name O.J. DIAZ

Street Address (P.O. Box Number is Not Acceptable)

7951 SW 40TH STREET, SUITE 206

City MIAMI

FL

Zip Code
33155

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GARCIA, MARIA ISABEL
7204 NW 84 AVE, 2 FLOOR
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GARCIA, MARIA ISABEL
8346 NW 68 Street
Miami, FL 33166

CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FRANCONE, JOSE ANTONIO
7204 NW 84 AVE, 2 FLOOR
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FRANCONE, JOSE ANTONIO
8346 NW 68 Street
Miami, FL 33166

CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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D
MARONE, VITTORIO
8346 NW 68 Street
Miami, FL 33166

ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700019739687
05/22/03--01053--017 **150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2003

Date

305-2616251

Daytime Phone #

CR2E034B (12/02)