

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079236

1. Entity Name

FREEWAY ENTERPRISES INC.

Principal Place of Business

1411 N. PALM AVE.
PEMBROKE PINES FL 33026
US

Mailing Address

1411 N. PALM AVE.
PEMBROKE PINES FL 33026-3228
US

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

65-0622771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCHELLI, LEILA R
17667 SW 32 ST.
MIRAMAR FL 33029

Name

LOUIE F. CALE

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

10311 SW 56 ST.

City

MIAMI-

FL

Zip Code

33165

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MARCHELLI, LEILA R	
STREET ADDRESS	17667 SW 32 ST.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARCHELLI, ROGERIO	
STREET ADDRESS	17667 SW 32 ST.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMELIA KANISKI	
STREET ADDRESS	1411 N. PALM AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALDO DA ROCHA	
STREET ADDRESS	1411 N. PALM AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULO CESAR FRANCISCO DA SILVA	
STREET ADDRESS	1411 N. PALM AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRLANDA KANISK	
STREET ADDRESS	1411 N. PALM AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
2-10-2000 442-9888
(954) 442-9398

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90005 030 ***150.00

714721



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)