

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90052 016 ***150.00

DOCUMENT # P95000079236

1. Entity Name
FREEWAY ENTERPRISES INC.

Principal Place of Business Mailing Address
 1411 N. PALM AVE. 1411 N. PALM AVE.
 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026
 US 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

CAIT, LOUIS F
10311 SW 56TH ST
33165
MIAMI FL 33165

Name

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

8405 NW 53 ST Suite C100

City

MIAMI

FL

Zip Code

33166

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, 2001 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 ☒ Delete
 NAME **PD**
 STREET ADDRESS **KANISKI, ORNELIA**
 CITY-ST-ZIP **1411 N PALM AVE**
PEMBROKE PINE FL 33026

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVP T**
 STREET ADDRESS **DA ROCHA, RONALDO**
 CITY-ST-ZIP **1211N PALM AVE**
PEMBROKE PINES FL 33025

TITLE ☒ Change ☐ Addition
 NAME **DVP T**
 STREET ADDRESS **RONALDO DA ROCHA**
 CITY-ST-ZIP **6765 NW 182 ST. #101**
MIAMI LAKES, FL 33015

TITLE ☒ Delete
 NAME **DT**
 STREET ADDRESS **DA SILVA, PAULO C. F.**
 CITY-ST-ZIP **1411 N PALM AVE**
HOLLYWOOD FL 33026

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **KANISK, IRLANDA**
 CITY-ST-ZIP **1411 N PALM AVE**
HOLLYWOOD FL 33026

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **MAURA KANISKI**
 CITY-ST-ZIP **7685 NW 181 TERRACE**
MIAMI LAKES, FL 33015

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

RONALDO DA ROCHA

VICE-PRESIDENT

Date

1-26/01 954 442-9398

Daytime Phone #

CR2E034 (10/00)