

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90114 049 ***150.00

DOCUMENT # **P98000013243**
 1. Entity Name
Transportation Insurance Consultants, Inc.

Principal Place of Business Mailing Address
9657 NW South River Drive, #4
Medley, FL 33166

2. Principal Place of Business 3. Mailing Address
 State, Apt # etc. State, Apt # etc.
 City & State City & State
 Zip Country Zip Country

4. FE Number **65-0817988**
 5. Certificate of State's Debit **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Alfredo Rodriguez
1111 NW 15 Court
Miami, FL 33167

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 or officer, if applicable. (NOTE: Registered agents must be in the State of Florida.)

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

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Alfredo Rodriguez</i>	
STREET ADDRESS	<i>1111 NW 15 Court</i>	
CITY-ST-ZIP	<i>Miami, FL 33167</i>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Sec./Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Leonard Laustra</i>	
STREET ADDRESS	<i>1450 NW 112 Street</i>	
CITY-ST-ZIP	<i>Miami, FL 33167</i>	
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)(ii) 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: *Alfredo Rodriguez* **4/28/00** **(305) 883-8517**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALFREDO RODRIGUEZ, PRESIDENT**

CR2E034 (9/99)