

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90071 010 ***150.00

DOCUMENT # P98000072578

1. Entity Name
IDEAL TRANSPORTATION, INC.

Principal Place of Business 8280 SW 39TH ST MIAMI FL 33155-3333	Mailing Address 8280 SW 39TH ST MIAMI FL 33155-3333
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2. Principal Place of Business 3267 W. 70 TERR	3. Mailing Address 256 N.W. 42 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIACLEAH, FL	City & State MIAMI, FL
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Zip 33018	Country DADE	Zip 33126	Country DADE
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4. FEI Number 65-0885997	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALZADILLA, MANUEL
 8280 SW 39TH ST
 MIAMI FL 33155-3333

Name MANUEL CALZADILLA
Street Address (P.O. Box Number is Not Acceptable) 3267 W. 70 TERR
City HIACLEAH
State FL
Zip Code 33018

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: *Manuel Calzadilla* (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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALZADILLA, MANUEL		NAME	
STREET ADDRESS 8280 S.W. 39TH STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155-3333		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORTEGA, LINDA		NAME	
STREET ADDRESS 8280 S.W. 39 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Manuel Calzadilla* DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/00)