2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091331 1. Entity Name DORAL FREIGHT INC.					N1ar 06, 2001 8:00 am Secretary of State 03-06-2001 90290 043 ***150.00				
Principal Place of Business 1890 NW 82 AVE STE 105 MIAMI FL 33126		Mailing Address 1890 NW 82 AVE STE 105 MIAMI FL 33126			£0030757				
2. Principal Place of Business 3. Mailing Address 8024 NW 29 ST								(E) ((E) (E)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT V			VRITE IN THIS SPACE		
City & State MIAMI		City & State FL			4. FEI Number	65-0872244		oplied For ot Applicable	
Zip 3.			Country		5. Certificate of S	tatus Desired	\$8.75 Add	litional	
RODRIGUEZ, MARCOS A 1890 NW 82 AVE STE 105 MIAMI FL 33126				Marcos A. Rodriquez ddress (P.O. Box Number is Not Acceptable) 24 NW-29th-ST					
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so, ia on back) OFFICERS AND DI	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee will be \$.00 550.00	10. Election Trust Fo	n Campaign Financund Contribution.	~ _ ++	O May Be I to Fees	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D RODRIGUEZ, MARCOS A 1890 NW 82 AVE STE 105 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8024	NW 29th	_ST	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hanks, Richard 1890 NW 82 AVE STE 105 Miami Fl 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANK 8024	NKS, RICHARD 24 NW 29th ST. AMI, FL 33122					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[] Chānge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

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 supplied state 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 of 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 addresse, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/01 (308) 477-1022 Pate Dayine Phone *