

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000684

1. Entity Name

FREEWAY CARRIER, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90092 004 ***150.00

Principal Place of Business

Mailing Address

9365 CARLYLE AVENUE
 SURFSIDE FL 33154

9365 CARLYLE AVENUE
 SURFSIDE FL 33154-2443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884729

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

~~SPICE & LIBERA, P.A.~~
~~343 ALMEDIA AVENUE~~
~~CORAL GABLES, FL 33134~~

Name

AVRAMOV, YAKOV

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

9365 CARLYLE AVE

City

SURFSIDE

FL

Zip Code
33154

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P/D	AVRAMOV, YAKOV	9365 CARLYLE AVENUE SURFSIDE FL 33154	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ISHAYEV, PEYSAKH	9365 CARLYLE AVENUE SURFSIDE FL 33154	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		AVRAMOV, DEVORA		<input type="checkbox"/>	SECRETARY	AVRAMOV, DEVORAH	9365 CARLYLE AVENUE SURFSIDE, FL 33154		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

1-10-00 x 305-864-0841

Date

Daytime Phone #