

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035886

1. Entity Name

BULLET FREIGHT SYSTEMS OF PALM BEACH INC.

Principal Place of Business

1626 NW 82 AVE
MIAMI FL 33126

Mailing Address

1626 NW 82 AVE
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BETANCOURT, PEDRO
2009 N.W. 79TH AVENUE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

1626 NW 82 Avenue

City

Miami

FL

Zip Code
33126

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

TITLE PD
NAME BETANCOURT, PEDRO
STREET ADDRESS 2009 N.W. 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33126

TITLE SD
NAME BETANCOURT, MAGALY
STREET ADDRESS 2009 N.W. 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33126

TITLE TD
NAME VALDES, ADALBERTO M
STREET ADDRESS 2009 N.W. 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33126

TITLE VD
NAME STALLINGS, RALPH
STREET ADDRESS 2009 N.W. 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1626 NW 82 Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS 1626 NW 82 Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 1626 NW 82 Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Betancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2001
Date

305-499-929
Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90103 048 ***150.00



DO NOT WRITE IN THIS SPACE

0145007

CR2E034 (10/00)