2002 UNIFO	RM BUSINESS REPORT (UBR
DOCUMENT #	P99000049557

1. Entity Name

THREE PAYNE TRUCKING, INC.

	ce of Business VEST 191ST STREET 169	Mailing Address 125 NORTHWEST 19167 STREET E MANUAL STREET ARTHUR STREET				<u> </u>		112 28(2) 8 3(8)	Olisii Soos ioos	
2. Principal	Place of Business	3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
								~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		 -
City & State		City & State		4. FEI Number 65-0938551			_ <del>                                    </del>	oplied For ot Applicable	$\frac{1}{2}$	
Zip	Country	Zip	Country	Country					3.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
			١	lame						1
	& Utrera, p.a. Eria avenue		Street Add		ss (P.O. Box Number is Not Acceptable)					1
CORAL G	GABLES FL 33134			·						1
				City			FL	Zip Code	е	1
8. The above	e named entity submits this statement f			office or register			rida. DATE		,	
-9This corporation is eligible to satisfy its Intangible			02 Fee will	be \$550.00		10. Election Campaign Fina Trust Fund Contribution			<b>0</b> May Be I to Fees	
11.	OFFICERS AND	<del></del>	12.		ADD	DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	].
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PAYNE, FREDDIE L 125 NORTHWEST 191ST STREE MIAMI FL 33169	□ Delete	TITLE NAME STREET AL CITY-ST-	1 .				☐ Change	Addition	
TITLE TABLE TO THE TRANSPORT TO THE TABLE		☐ Delete	TITLE NAME STREET AD CITY-ST-2	I				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-2					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ŽIP		☐ Delete	TITLE  NAME  STREET AD  CITY-ST-2	<b>I</b>	<u> </u>		-	☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS				Change .	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE  NAME				[	☐ 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 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.

CITY-ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO