

# 2000 UNIFORM BUSINESS REPORT (UBR)

0203214

**DOCUMENT # P99000088778**  
 1. Entity Name  
**TRANSPORTATION EQUIPMENT ASSET MANAGEMENT CORP.**

**FILED**  
 00 FEB 16 PM 1:43

Principal Place of Business      Mailing Address  
 2665 SO. BAYSHORE DR., STE. 800      2665 SO. BAYSHORE DR., STE. 800  
 MIAMI FL 33133      MIAMI FL 33133-5401



SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**15-0963334**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~KLEIN, PETER W ESQ.~~  
 2665 SO. BAYSHORE DR., STE. 800  
 MIAMI FL 33133

7. Name and Address of New Registered Agent  
 Name: **maria C. Callejas**  
 Street Address (P.O. Box Number is Not Acceptable):  
~~988883170239 3~~  
 -03/14/00--01132--018  
 City: **\*\*\*150.00 FL \*\*\*150.00**

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: maria C Callejas      DATE: 1/6/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VANDENBERG, PETER JR.</b>
STREET ADDRESS	<b>2665 SO. BAYSHORE DR., STE. 800</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>CEO/P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James C. Guice</b>
STREET ADDRESS	<b>1505 University Dr., Ste 300</b>
CITY-ST-ZIP	<b>Coral Springs, FL</b>
TITLE	<b>VP/C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas mata</b>
STREET ADDRESS	<b>1505 University Dr., Ste 300</b>
CITY-ST-ZIP	<b>Coral Springs, FL</b>
TITLE	<b>COB</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Earl W. Powell</b>
STREET ADDRESS	<b>2665 S. Bayshore Dr., Ste FL</b>
CITY-ST-ZIP	<b>Miami, FL</b>
TITLE	<b>CFD/EVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daryl Cornell</b>
STREET ADDRESS	<b>1505 University Dr., Ste 300</b>
CITY-ST-ZIP	<b>Coral Springs, FL</b>
TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>marilyn D. Kuffner</b>
STREET ADDRESS	<b>2665 S. Bayshore Dr., Ste FL</b>
CITY-ST-ZIP	<b>Miami FL</b>
TITLE	<b>VP-A</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stephen A. Brown</b>
STREET ADDRESS	<b>1505 University Dr., Ste 300</b>
CITY-ST-ZIP	<b>Coral Springs, FL</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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]      DATE: 1-17-00      DAYTIME PHONE #: 305/858-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE034 (9/99)