2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90113 005 ***150.00

DOCUMENT # 609301

1. Entity Name

ABC INTERNATIONAL FREIGHT, INC.

Principal Place of Business	Mailing Address
7741 WEST 76 ST.	1208 MANOR DRIVE SOUTH
[illegible] FL 33016	WESTON FL 33326-2823

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1208 Manor Drive South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Weston, Florida		City & State	
Zip: 33326-2823	Country: U.S.A.	Zip	Country

4. FEI Number 59-1886462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOMQUIST, BRIAN C.
1208 MANOR DRIVE SOUTH
FT LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLOMQUIST, BRIAN		NAME		
STREET ADDRESS	1208 MANOR DR. SO.		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLOMQUIST, NANCY J.		NAME		
STREET ADDRESS	1208 MANOR DR SO.		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Nancy J. Blomquist Nancy J. Blomquist 01/10/00 954 384 6173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #