

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90178 050 \*\*\*150.00

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**DOCUMENT # 473862**

1. Entity Name

**CENTRAL FREIGHT FORWARDING, INC.**



Principal Place of Business

5459 N.W. 72 AVE.  
MIAMI FL 33166

Mailing Address

5459 N.W. 72 AVE.  
MIAMI FL 33166

2. Principal Place of Business

9900 NW. 25 ST

3. Mailing Address

P.O. Box 52-6324

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33152-6324

Country

4. FEI Number

59-1649001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ESTRADA, AIDA  
5459 N.W. 72 AVE.  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

9900 N.W. 25 ST Suite 203

Miami FL

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS CHOMAT, TERESA  
CITY-ST-ZIP 10135 S.W. 14 CT.  
MIAMI FL 33176

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS ESTRADA, AIDA  
CITY-ST-ZIP 5459 N.W. 72 AVE.  
MIAMI, FL 33122

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GUTIERREZ, MARCO TULIO  
CITY-ST-ZIP 801 S. BAY SHORE DRIVE - BOX 8  
MIAMI FL 33131

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOPEZ, GUSTAVO V  
CITY-ST-ZIP 7921 S.W. 40TH ST., STE. 50  
MIAMI FL 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 305-499-5495

CR2E034 (10/02)