

# 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 N.W. 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**

4. FEI Number **59-1649001** Applied For  
Not Applicable

Zip **33172** Country **USA** Zip **33152-6324** Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9900 N.W. 25 ST Suite 203**  
**Miami 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHOMAT, TERESA	
STREET ADDRESS	10135 S.W. 14 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ESTRADA, AIDA	
STREET ADDRESS	5459 N.W. 72 AVE.	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MARCO TULIO	
STREET ADDRESS	801 S. BAY SHORE DRIVE - BOX 8	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, GUSTAVO V	
STREET ADDRESS	7921 S.W. 40TH ST., STE. 50	
CITY-ST-ZIP	MIAMI FL 33155	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Aida Estrada) Date: 4/1/03 Daytime Phone #: 305-499-5495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)