

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90017 004 ***150.00

02/26/02 8:00 AM

DOCUMENT # F01000003953

1. Entity Name
NATURAL FREIGHT LTD. CORP.

Principal Place of Business
**225 BROADWAY, SUITE 2406
 NEW YORK NY 10007-3001**

Mailing Address
**8685 N.W. 53RD TERRACE, SUITE 105
 MIAMI FL 33166**

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 **13-2841864**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2002 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 NAME ☐ Delete
PD BURKHARDT, WILLY
 STREET ADDRESS **220 ST. JAKOBSTRASSE, CH-4002**
 CITY-ST-ZIP **BASEL, SWITZERLAND**

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

TITLE NAME ☐ Delete
VD STRUB, ALFONS
 STREET ADDRESS **225 BROADWAY, SUITE 2406**
 CITY-ST-ZIP **NEW YORK NY 10007-3001**

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

TITLE NAME ☐ Delete
VD FRAY, ARMIN
 STREET ADDRESS **225 BROADWAY, SUITE 2406**
 CITY-ST-ZIP **NEW YORK NY 10007-3001**

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **FRAY, ARMIN**
 CITY-ST-ZIP

TITLE NAME ☐ Delete
V JONES, PETER
 STREET ADDRESS **2250 EAST DEVON AVE., SUITE 219**
 CITY-ST-ZIP **DES PLAINES IL**

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

TITLE NAME ☐ Delete
S FREY, ARMIN
 STREET ADDRESS **225 BROADWAY, SUITE 2406**
 CITY-ST-ZIP **NEW YORK NY 10007-3001**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 212-349-5165
Date Daytime Phone #

CR2E034 (9/01)