

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000243

1. Entity Name

WRAG-TIME AIR FREIGHT, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90149 003 \*\*\*550.00

Principal Place of Business

7060 NW 52ND ST  
2ND FLOOR  
MIAMI FL 33166  
US

Mailing Address

WRAG-TIME TRANSPORTATION, INC.  
304 NEWTON AVENUE  
OAKLYN NJ 08107  
US

2. Principal Place of Business

16505 N.W. 49th Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

City & State

4. FEI Number

11-2556546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSSIE, PEREZ  
7060 NW 52ND ST  
1ST FLOOR  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name Nick Guido

Street Address (P.O. Box Number is Not Acceptable)  
16505 N.W. 49th Ave.

City Miami

FL

Zip Code 33014

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

Nick Guido

7/20/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME EMRICK, LEONARD C  
STREET ADDRESS 304 NEWTON AVENUE  
CITY-ST-ZIP OAKLYN NJ

TITLE S  
NAME WEILEY, WILLIAM  
STREET ADDRESS 304 NEWTON AVENUE  
CITY-ST-ZIP OAKLYN NJ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Weiley Secretary

7/12/00 856-854-8450

CR2E034 (5/00)