

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 008 ***550.00

DOCUMENT # F95000000243

1. Entity Name
WRAG-TIME AIR FREIGHT, INC.

Principal Place of Business

16505 NW 49TH AVENUE
 MIAMI FL 33014
 US

Mailing Address

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

2. Principal Place of Business

7755 West 4th Ave.

3. Mailing Address

304 Newton Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Hialeah, FL

Zip
 33014

Country
 USA

City & State
 Oaklyn NJ

Zip
 08107

Country
 USA

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

GUIDO, NICK
 16505 NW 49TH AVENUE
 MIAMI FL 33014

7. Name and Address of New Registered Agent

Name: Michael Schuster
 Street Address (P.O. Box Number is Not Acceptable): 7755 West 4th Ave.
 City: Hialeah, FL Zip: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael Schuster Michael Schuster. 7/30/02
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 \$550.00
After September 13, 2002 Fee 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 ☐ Delete

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

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 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] 7/30/02. 856-804-8400.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)