

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 04, 2001 8:00 am
Secretary of State

04-27-2001 90260 017 ***150.00

DOCUMENT # F98000002091

1. Entity Name

SOUTHEAST AIR FREIGHT, INC.

Principal Place of Business

Mailing Address

7 BRAMHALL ST.
 PORTLAND MN 04102-3151

7 BRAMHALL ST.
 PORTLAND MN 04102-3151

2. Principal Place of Business

8209 NW 30 terrace

Suite, Apt. #, etc.

3. Mailing Address

8209 NW 30terrace

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

MIAMI FLORIDA

4. FEI Number

01-0516084

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOLINA, JOAQUIN ESQ
 10140 SW 40TH ST.
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

BERNIE MOTOLA (Lusky & Motola, P.A.)

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

301 ALMERIA AVENUE- SUITE 345

City

CORAL GABLES

FL

Zip Code

33134

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/01

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, 2001 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

TITLE	PDC	☐ Delete
NAME	MIMBELLA, MARIO E	
STREET ADDRESS	2209 NW 30 TERRACE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	TD	☒ Delete
NAME	MORTON, JEREMY R	
STREET ADDRESS	2209 NW 30 TERRACE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	☒ Delete
NAME	KRAUSE, CHARLES F	
STREET ADDRESS	9846 LORENE LN.	
CITY-ST-ZIP	SANANTONIO TX 78216	
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	TD/ VICE PRESIDENT	☒ Change ☐ Addition
NAME	HECTOR M. PONTE	
STREET ADDRESS	8209 N.W. 30 TERR. MIAMI, FL.	
CITY-ST-ZIP	33122	
TITLE	D	☒ Change ☐ Addition
NAME	BETTY LOUISE ROSENDO	
STREET ADDRESS	8209 N.W. 30 TERR. MIAMI, FL.	
CITY-ST-ZIP	33122	
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		

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: Mario F. Mimbela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-477-7213

Date

Daytime Phone #

CR2E034 (10/00)