

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003956

1. Entity Name
INTERNATIONAL FREIGHT TRANSPORT, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90009 031 ***150.00

660791



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~430 MOUNTAIN AVENUE~~ 88 South Ave. ~~430 MOUNTAIN AVENUE~~ 88 South Ave.
~~MURRAY HILL NJ 07974~~ ~~MURRAY HILL NJ 07974~~
Fanwood, NJ 07023 Fanwood, NJ 07023

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 22-2893156 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BORDEN, KRISTINE
8900 S.W. 107 AVE., SUITE 210
MIAMI FL 33176

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!
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 P ☐ Delete
NAME ERTEL, CLAU
STREET ADDRESS 430 MOUNTAIN AVENUE
CITY-ST-ZIP MURRAY HILL NJ 07974
TITLE V ☐ Delete
NAME DAY, BRUCE
STREET ADDRESS 920 WEST HERITAGE PARK BLVD.
CITY-ST-ZIP LAYTON UT 84041
TITLE S ☐ Delete
NAME KITTS, JOHN
STREET ADDRESS 430 MOUNTAIN AVENUE
CITY-ST-ZIP MURRAY HILL NJ 07974
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
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 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 #

CR2E034 (10/00)