

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004111

1. Entity Name

INTERFREIGHT INC.
1480 ELMHURST RD.
ELK GROVE VILLAGE, IL. 60007

Principal Place of Business

Mailing Address

INTERFREIGHT INC.
1480 ELMHURST RD.
ELK GROVE VLG., IL. 60007

SAME AS LEFT

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
USA

Zip

Country
USA

4. FEI Number
36-3357123

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

George J. Alboam
GEORGE J. ALBOUM, Esquire
407 LINCOLN ROAD, SUITE 6C
MIAMI BEACH, FL. 33139

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

George J. Alboam
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KURT KONODI-FLOCH 1480 ELMHURST RD. ELK GROVE VLG., IL. 60007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VINCENTE MEMOLI 3101 N.W. 74TH AVE. MIAMI, FL. 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TERRY KASE 1480 ELMHURST RD. ELK GROVE VLG., IL. 60007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004078098--5 -04/25/01--01084--028 ****908.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 02-01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

TERRY KASE

Date

Daytime Phone #

(847)981-1999 X231

CR2E034 (11/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

9. J. ALBOUM

March 20, 2001

INTERFREIGHT, INC.
1480 ELMHURST RD.
ELK GROVE VILLAGE, IL 60007

RECEIVED 25 2001

SUBJECT: INTERFREIGHT, INC.
Ref. Number: F99000004111

We have received your document for INTERFREIGHT, INC. and enclosing totaling \$100.75. However, your check and document are being retained for the following:

This above listed corporation was administratively dissolved on its certificate of authority for failing to file its 2000 corporate annual report. To reinstate, the corporation must submit a completed annual report, uniform business report and the

corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2001 Annual Report/Uniform Business Report and Supplemental Fee.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 601A00016763

AUTHORITY OF FOREIGN CORPORATION TO TRANSACT BUSINESS IN FLORIDA

in all respects required by the State of Florida.

ocation, , without interruption.

seals this 2ND day of MARCH, 2001.

KURT KONODI-FLOCH, Sr., President

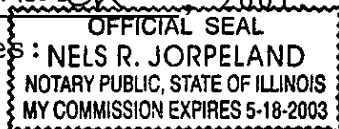
~~TERRY KASE, Secretary~~

STATE OF ILLINOIS :

for the purposes therein expressed.

this 2nd day of March 2001

My commission expires



Notary Public, State of Illinois