

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90350 020 ***150.00

002377 AV

DOCUMENT # F99000004111

1. Entity Name
INTERFREIGHT, INC.

Principal Place of Business

~~1601 N.W. 72ND AVE~~
MIAMI FL 33126

Mailing Address

C/O GEORGE J. ALBOUM
407 LINCOLN RD., SUITE 6-C
MIAMI BEACH FL 33139



2. Principal Place of Business

10300 NW 19th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 110

City & State

MIAMI, FL.

City & State

Zip

33172

Country

DAOE

Zip

33139

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

ALBOUM, GEORGE J
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

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, 2002 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 **P** ☐ Delete
NAME **KONODI-FLOCH, KURT**
STREET ADDRESS **1480 ELMHURST RD.**
CITY-ST-ZIP **ELK GROVE VLG IL 6007**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VP~~ ☒ Delete
NAME ~~MEMOLI, VINCENTE~~
STREET ADDRESS ~~3101 N.W. 74TH AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33122~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KASE, TERRY**
STREET ADDRESS **1480 ELMHURST RD**
CITY-ST-ZIP **ELK GROVE VLG IL 6007**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME ~~RAZZAK, LISA~~
STREET ADDRESS **160 THELMA LANE**
CITY-ST-ZIP **CHICAGO HEIGHTS IL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Konodi, Lisa**
STREET ADDRESS **1480 Elmhurst Rd.**
CITY-ST-ZIP **ELK GROVE VLG., IL. 60007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-02

(847) 981-1999 x231

CR2E03 (9/01)