2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

FILED **DOCUMENT # M39548** Mar 01, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN FREIGHT SERVICES, INC. 03-01-2000 90083 014 ***150.00 Mailing Address Principal Place of Business 7307 NW 79TH TERR 7307 NW 79TH TERR MIAMI FL 33166-2211 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2820514 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINEDA, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 12235 S.W. 17TH LANE #105 **MIAMI FL 33175** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE PINEDA, YOLANDA NAME NAME 12235 SW 17TH LANE #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition STD ☐ Delete TITLE CABAL, ARTURO NAME STREET ADDRESS STREET ADDRESS 10145 NW 9TH ST CIR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 suppliemental 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 of trustee empowered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

I omer like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-2/-2000 Date