

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/

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

04-30-2001 90358 040 \*\*\*150.00

DOCUMENT # P00000039140

1. Entity Name

**FAT FREIGHT CORPORATION**

Principal Place of Business

Mailing Address

516 NW 114 AVENUE SUITE 101  
MIAMI FL 33172

516 NW 114 AVENUE SUITE 101  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

13791 SW 14 ST

13791 SW 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

31-1698232

Applied For

Not Applicable

Zip

33184

Country

USA

Zip

33184

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTAMARIA, MARIO E  
516 NW 114 AVENUE SUITE 101  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name Mario E. Santamaria

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

13791 SW 14 ST

City Miami

FL

Zip Code

33184

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

Mario E. Santamaria

Signature, typed or printed name of registered agent, and if applicable,

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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

TITLE President ☐ Delete

NAME Mario E. Santamaria  
STREET ADDRESS 13791 SW 14 ST  
CITY-STATE-ZIP Miami FL 33184-2714

TITLE Secretary ☐ Delete

NAME Onidia Mendez  
STREET ADDRESS 13791 SW 14 ST  
CITY-STATE-ZIP Miami FL 33184-2714

TITLE Treasurer ☐ Delete

NAME Yanett Santamaria  
STREET ADDRESS 6485 W 27th #14-50  
CITY-STATE-ZIP Hialeah, FL 33016

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-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

4/20/01

(305) 552-7946

Date

Daytime Phone #

CR2E034 (10/00)