

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052221

1. Entity Name
FREIGHT CONTROL, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90060 019 ***150.00

Principal Place of Business
3025 SOUTHWEST 105TH AVENUE
MIAMI FL 33165

Mailing Address
3025 SOUTHWEST 105TH AVENUE
MIAMI FL 33165

2. Principal Place of Business
3025 S.W. 105th Av.
Suite, Apt. #, etc.

3. Mailing Address
3025 SW 105 Av.
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL 33165

4. FEI Number
65-1020072

Applied For
Not Applicable

Zip
33165 Country
USA

Zip
33165 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAROSA, FRANCESCO
3025 SOUTHWEST 105TH AVENUE
MIAMI FL 33165

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, 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
PD
LAROSA, FRANCESCO
3025 SOUTHWEST 105TH AVENUE
MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LAROSA, FRANCESCO
3025 SW 105th Av.
MIAMI FL 33165 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BALCAZAR, LILIAN
3025 SOUTHWEST 105TH AVENUE
MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BALCAZAR, LILIAN
3025 SW 105th Av.
MIAMI FL 33165 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Francesco Larosa** **FRANCESCO LAROSA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 **786 525-7104**
Date Daytime Phone #

CR2E034 (10/00)