

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102153

1. Entity Name

J.N. FREIGHT FORWARDERS INTERNATIONAL, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90024 020 ***150.00

Principal Place of Business

10805 SW 135TH TERRACE
MIAMI FL 33173

Mailing Address

10805 SW 135TH TERRACE
MIAMI FL 33173

550431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1402 NW 82 Ave

Suite, Apt. #, etc.

3. Mailing Address

1402 NW 82 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

USA

City & State

Miami, FL

Zip

33126

Country

USA

4. FEI Number

65-1059678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JORGE

~~10805 SW 135TH TERRACE~~ 1402 NW 82 Ave.
MIAMI FL 33173 Miami, FL 33126

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, JORGE
CITY-ST-ZIP 10805 SW 135TH TERRACE
MIAMI FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1402 NW 82 Ave
CITY-ST-ZIP Miami, FL 33126

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

TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (10/00)