


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90765 031 \*\*\*150.00

**DOCUMENT #** P01000028408

**1. Entity Name**  
ALPHA FREIGHT & TRANSPORT INTERNATIONAL, INC.



**Principal Place of Business**  
7058 NW 77TH CT  
100  
MIAMI FL 33166

**Mailing Address**  
7058 NW 77TH CT  
100  
MIAMI FL 33166



**2. Principal Place of Business**  
Suite, Apt., #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**

**Zip** **Country**

**4. FEI Number** 65-1087276

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

MARTINEZ, VILMA I  
4608 NW 114TH AVENUE APT 1109  
MIAMI FL 33178

**7. Name and Address of New Registered Agent**

**Name** MARTINEZ, VILMA I.  
**Street Address (P.O. Box Number is Not Acceptable)** 5731 NW 114th Path  
**Unit** 114  
**City** miami **FL** 33178

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State.**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	AHUMADA, LUIS F	
<b>STREET ADDRESS</b>	8124 NW 163RD CT	
<b>CITY-ST-ZIP</b>	MIAMI FL 33193	
<b>TITLE</b>	VSD	<input type="checkbox"/> Delete
<b>NAME</b>	MARTINEZ, VILMA I	
<b>STREET ADDRESS</b>	4608 NW 114TH AVENUE #109	
<b>CITY-ST-ZIP</b>	MIAMI FL 33178	
<b>TITLE</b>	TD	<input type="checkbox"/> Delete
<b>NAME</b>	MARTINEZ, HECTOR R	
<b>STREET ADDRESS</b>	4608 NW 114TH AVENUE #1109	
<b>CITY-ST-ZIP</b>	MIAMI FL 33178	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LUIS F. AHUMADA	
<b>STREET ADDRESS</b>	8124 NW 163rd CT	
<b>CITY-ST-ZIP</b>	MIAMI, FL 33193	
<b>TITLE</b>	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Vilma I. Martinez	
<b>STREET ADDRESS</b>	5731 NW 114th Path unit 114	
<b>CITY-ST-ZIP</b>	miami, FL 33178	
<b>TITLE</b>	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Martinez, Hector L.	
<b>STREET ADDRESS</b>	5731 NW 114th Path unit 114	
<b>CITY-ST-ZIP</b>	miami, Florida 33178	
<b>TITLE</b>	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Martinez, Hector R	
<b>STREET ADDRESS</b>	5731 NW 114th Path unit 114	
<b>CITY-ST-ZIP</b>	miami, Florida 33178	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 305.463.8303  
Date Daytime Phone #

CR2003110702