

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90152 007 ***158.75

0102977 AV

DOCUMENT # P01000067381
1. Entity Name
 GLOBAL FREIGHT EXPRESS, CORPORATION

Principal Place of Business 2801 N.W. 74TH AVE STE #204
 MIAMI FL 33122
Mailing Address 2801 N.W. 74TH AVE STE #204
 MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2801 NW 74 AVE #202
 Suite Apt. #, etc. SUITE #202
 City & State MIAMI FL
 Zip 33122 Country DADE
3. Mailing Address 2801 NW 74 AVE
 Suite Apt. #, etc. SUITE 202
 City & State MIAMI FL
 Zip 33122 Country DADE

4. FEI Number 01-0589458
 Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERNANDEZ, AUGUSTO
 2801 N.W. 74TH AVE STE #204
 MIAMI FL 33122

7. Name and Address of New Registered Agent
 Name AUGUSTO HERNANDEZ
 Street Address (P.O. Box Number is Not Acceptable) 2801 NW 74 AVE SUITE 202
 City MIAMI FL Zip Code 33122

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 *Augusto Hernandez* AUGUSTO HERNANDEZ PRESIDENT. DATE 04-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTALES, AGUSTIN	
STREET ADDRESS	13308 S.W. 108 ST CIRCLE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, AUGUSTO	
STREET ADDRESS	12243 S.W. 104 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Augusto Hernandez* AUGUSTO HERNANDEZ DATE 04-26-02 DAYTIME PHONE 305 436-5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)