

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

61810

DOCUMENT # P02000010134

1. Entity Name  
INTERSTATE FREIGHT TRANSPORT, INC.



**FILED**  
**Feb 11, 2003 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
5020 N.W. 188 TERRACE  
MIAMI FL 33055

Mailing Address  
5020 N.W. 188 TERRACE  
MIAMI FL 33055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
03-0384779

Applied For  
Not Applicable

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

TEJEDA, YURI  
5020 N.W. 188 TERRACE  
MIAMI FL 33055

Name *Interstate Freight Transportation*  
Street Address (P.O. Box Number is Not Acceptable)  
*Yuri Tejada*  
*13300 SW 54 ST*  
City *MIRAMAR* FL Zip Code *33027*

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME TEJEDA, YURI  
STREET ADDRESS 5020 N.W. 188 TERRACE  
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Change ☐ Addition  
NAME 100012319831  
STREET ADDRESS 02/11/03--01074--015 \*\*150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME *Yuri Tejada*  
STREET ADDRESS *13300 SW 54 ST*  
CITY-ST-ZIP *MIRAMAR, FL 33027*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)