

2008 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022772

1. Entity Name
AMAZING FREIGHT, INC.



FILED

04 JUN -4 PH 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8579 NW 72ND ST.
MIAMI FL 33166-2829

Mailing Address
8579 NW 72ND ST.
MIAMI FL 33166-2829



2. Principal Place of Business
7105 N.W. 53 TR

3. Mailing Address
7105 N.W. 53 TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEL Number
75-3018035

Applied For
Not Applicable

Zip
33166

Country
GADE

Zip
33166

Country
GADE

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

SANCHEZ, JULIE ANN
372 NE 98TH ST.
MIAMI SHORES FL 33138-2410

Name ALICIA PELAEZ
Street Address (P.O. Box Number is Not Acceptable)
7105 N.W. 53 TR
City MIAMI FL Zip Code 33166

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 *Alicia Pelaez* ALICIA PELAEZ 4-26-04
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, JULIE ANN	
STREET ADDRESS	372 NE 98TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138-2410	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELAEZ, ALICIA	
STREET ADDRESS	11114 SW 125TH AVE.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBANA, JACQUELINE	
STREET ADDRESS	2911 SW 36TH CT.	
CITY-ST-ZIP	MIAMI FL 33133	
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"/> Change <input type="checkbox"/> Addition
NAME	000037799800	
STREET ADDRESS	06/09/04--01043--003 **158.75	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alicia Pelaez* 4-26-04 ALICIA PELAEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0286660 AV

CR2E034 (10/02)