

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 004 ***150.00

DOCUMENT #

P020000 54741

1. Entity Name

Guaranteed Freightways, Inc.

DO NOT WRITE IN THIS SPACE

50056148

2. Principal Place of Business

566 NE 199th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1100542

Applied For

Not Applicable

Zip

33179

Country

Miami Dade

Zip

Country

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Charles A Gibson

Street Address (P.O. Box Number is Not Acceptable)

566 NE 199th Terrace

City

Miami

FL

Zip Code

33179

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 (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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

President / Director Charles Gibson
566 NE 199th Terrace
Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President/ Director
Annette Gibson
566 NE 199th Terrace
Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

7/15/05
CHARLES A. GIBSON 786-859-1970

CR2E034B (12/01)

7

ATTACHMENT
50056148

JULY 15, 2005

Guaranteed Freightways, Inc.
566 NE 199th Terrace .
Miami, FL 33179
P02000054741

65-1100542

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

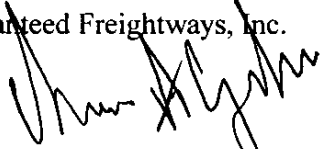
DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM
FOR OUR COMPANY FOR 2005, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD
ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS
Guaranteed Freightways, Inc.


By: Charles A. Gibson PRESIDENT