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FILED

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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054932**

1. Entity Name

SYSTEM LINE CO.



DO NOT WRITE IN THIS SPACE

500015170725
04/02/03--01039--014 **300.00

2. Principal Place of Business

6955 NW 52ND STREET

3. Mailing Address

6955 NW 52ND STREET

Suite, Apt. #, etc.

SUITE 201P

Suite, Apt. #, etc.

SUITE 201P

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33166

Country

Zip
33166

Country

2002-2003 UBR

4. FEI Number
65-0367319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FREIRE, RAFAEL

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

6955 NW 52ND STREET, SUITE 201P

City
MIAMI

FL

Zip Code
33166

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

RAFAEL FREIRE

(NOTE: Registered Agent signature required when constituting)

DATE

3/27/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FREIRE, RAFAEL
6955 NW 52ND STREET, #201P
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HERNANDEZ, ERNESTO
6955 NW 52ND STREET, #201P
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL FREIRE

3.06.2003

305-599-2500

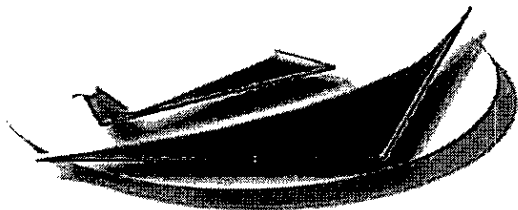
Date

Daytime Phone #

CR2E034B (12/02)

Attachment

65-0367319 202



SYSTEM LINE CARGO

6955 NW 52 Street, Ste 201 - Miami, FL 33166

Ph: (305) 599-2500 - Fax: (305) 599-3500

www.systemlinecargo.com

Miami, March 06, 2003.

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

We have recently been informed by our Bank that our company is shown in your web site as INACTIVE, we presume that probably we did not receive your 2002 Uniform Business Report and for this reason it was not returned to you.

We much appreciate if you accept our apologies and accept our enclosed payment for \$300.00 covering last year and this year fees. We are also enclosing two Uniform Business Reports in case you need to have one in file for each year.

Please re-instate our company as soon as possible since our Bank has informed that they will have to close our account because we are inactive.

Kind regards,
SYSTEM LINE CO.
Rafael Freire
President

A handwritten signature in dark ink, appearing to read 'Rafael Freire', written over a horizontal line.