

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90167 027 ***150.00

DOCUMENT # P94000076649

1. Entity Name
HI SEVEN FREIGHT FORWARDERS, INC.



Principal Place of Business
1617 NW 79 TH AVE
MIAMI FL 33126
US

Mailing Address
1617 NW 79 TH AVE
MIAMI FL 33126
US



2. Principal Place of Business

3. Mailing Address

8127 NW 29TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI FLORIDA

4. FEI Number

65-0527558

Applied For

Not Applicable

Zip

Country

Zip

Country

33122-1051 USA

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

HIRONO, IZUMI
1617 NW 79 TH AVE
MIAMI FL 33126

Name

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

8127 NW 29TH ST

City **MIAMI**

FL

Zip Code **33122-1051**

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.

(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** ☐ Delete
NAME **HIRONO, IZUMI**
STREET ADDRESS **1617 NW 79TH AVE**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Change ☐ Addition
NAME **8127 NW 29TH ST**
STREET ADDRESS **MIAMI FL 33122-1051**
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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STREET ADDRESS
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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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)