

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90041 001 \*\*\*150.00

**DOCUMENT # P95000016294**

1. Entity Name

**ALLSTATES FREIGHT LINK, INC.**

Principal Place of Business

Mailing Address

9222 NW 101 ST.  
 MEDLEY FL 33178  
 US

10211 PINES BLVD  
 SUITE 170  
 PEMBROKE PINES FL 33026-6003  
 US

2. Principal Place of Business

3. Mailing Address

10925 NW 27<sup>th</sup> Street

10925 NW 27<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

US

Zip

33172

Country

US

4. FEI Number

65-0573586

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORA, RAUL  
 16477 NW 19TH ST.  
 PEMBROKE PINES FL 33028

Name

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

3601 SW 144<sup>th</sup> AVE

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.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

3/24/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME       | STREET ADDRESS    | CITY-ST-ZIP             | <input type="checkbox"/> Delete |
|-------|------------|-------------------|-------------------------|---------------------------------|
| PVST  | LORA, JOSE | 2050 NW 125 TH ST | PEMBROKE PINES FL 33028 | <input type="checkbox"/>        |
|       |            |                   |                         | <input type="checkbox"/>        |
|       |            |                   |                         | <input type="checkbox"/>        |
|       |            |                   |                         | <input type="checkbox"/>        |
|       |            |                   |                         | <input type="checkbox"/>        |
|       |            |                   |                         | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE A. LORA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00  
 Date

305-592-4600  
 Daytime Phone #

CR2E034 (9/99)