

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 ar**  
**Secretary of State**

05-10-2000 90174 035 \*\*\*150.00

**DOCUMENT # P95000032565**  
 Entity Name  
**FREIGHT FORWARDERS INC.**

1. Place of Business NW 72ND AVENUE FL 33166	2. Mailing Address 4775 NW 72ND AVENUE MIAMI FL 33166-5616
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DO NOT WRITE IN THIS SPACE

3. Mailing Address	4. FEI Number <b>65-0578509</b>	Applied For <input type="checkbox"/>
City & State	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <b>\$8.75 Additional Fee Required</b>
Country	Zip	Country

**6. Name and Address of Current Registered Agent**  
**NASCIMENTO, JOSE**  
**4795 NW-72ND AVE.**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11. 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**

**OFFICERS AND DIRECTORS**

**12.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PVST NASCIMENTO, JOSE 100 BAYVIEW DRIVE APT. 410 MIAMI BEACH FL 33160	<input type="checkbox"/>		<input type="checkbox"/>
ADDRESS ZIP	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ZIP	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 contained 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 applicable, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **JOSE C. NASCIMENTO - (PRESIDENT)**  
 Date: **04/27/2000** Daytime Phone #: **(305) 591-2556**

CR2E034 (9/99)