

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032565

Entity Name

1 FREIGHT FORWARDERS INC.

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

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

1. Place of Business      Mailing Address  
 NW 72ND AVENUE      4775 NW 72ND AVENUE  
 FL 33166      MIAMI FL 33166-5616

2. Place of Business      3. Mailing Address

4. Apt. #, etc.      Suite, Apt. #, etc.

5. City & State      City & State

4. FEI Number **65-0578509**      Applied For  
 Not Applicable

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

## 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

I, 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

If corporation is eligible to satisfy its Intangible  
 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

ADDRESS ZIP	PVST NASCIMENTO, JOSE 100 BAYVIEW DRIVE APT. 410 MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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 stated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE C. NASCIMENTO - (PRESIDENT)**

**04/27/2000 (305) 591-2556**  
 Date Daytime Phone #

CR2E034 (9/99)