

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025893

1. Entity Name

DELUXE FREIGHT, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90046 013 ***150.00

Principal Place of Business

Mailing Address

10871 NW 33RD ST
MIAMI FL 33172
US

8513 NW 72 ST
MIAMI FL 33166

713 NW 135 CT.
MIAMI FL 33182-2259

2. Principal Place of Business

8513 NW 72 ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

4. FEI Number

65-0691756

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

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

MUNOZ, WILLIAM
10871 NW 33RD ST
MIAMI FL 33172

8513 NW 72 ST
MIAMI FL 33166

Name

WILLIAM MUNOZ

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

8513 NW 72 ST

City

MIAMI

FL

Zip Code 33166

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

William Munoz

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2000

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 ☐ Delete
NAME P
STREET ADDRESS MUNOZ, WILLIAM
CITY-ST-ZIP 713 NW 135 CT. 8513 NW 72 ST
MIAMI FL 33182 MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS MUNOZ, ANA M
CITY-ST-ZIP 713 NW 135 CT. 8513 NW 72 ST
MIAMI FL 33182 MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William Munoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000

Date

305-513-0156

Daytime Phone #