

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90073 034 ***150.00

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DOCUMENT # P96000044214

1. Entity Name

INTERWAY FREIGHT FORWARDER CORP.



Principal Place of Business

**1843 NW 93RD AVE
MIAMI FL 33172**

Mailing Address

**11288 SW 161 PL
MIAMI FL 33196**

2. Principal Place of Business

2874 N.W 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

2874 NW 72 AVE

Suite, Apt. #, etc.

Miami FL- 33122

City & State

Miami FL- 33122

City & State

Miami FL- 33122

Zip

33122

Country

Dade

Zip

33122

Country

Dade

4. FEI Number

65-0674438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALTEROS, MARIA INE'S
11288 SW 161 PLACE
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

04/28/03

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALTEROS, MARIA INES	
STREET ADDRESS	11288 SW 161 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	WALTEROS, INES	
STREET ADDRESS	11288 SW 161 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALTEROS, CARLOS	
STREET ADDRESS	11288 SW 161 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

WALTEROS, MARIA INE

Date

Daytime Phone #

04/28/03 (305) 477-5538

CR2E034 (10/02)