

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90248 041 \*\*\*150.00

**DOCUMENT # P96000053187**

1. Entity Name

**WORLD WIDE FREIGHT SERVICES OF MIAMI, INC.**

Principal Place of Business

7360 NW 56TH ST.  
 MIAMI FL 33166

Mailing Address

7360 NW 56TH ST.  
 MIAMI FL 33166

2. Principal Place of Business

7360 NW 56th ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same FL

4. FEI Number

65-0674270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, GUILLERMO C  
 7360 NW 56TH ST.  
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name Guillermo Chapeton  
 Street Address (P.O. Box Number is Not Acceptable)  
1170 FALLS BLVD  
 City Weston FL 33327

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

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, 2001 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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PT                  | <input type="checkbox"/> Delete |
| NAME           | CHAPETON, GUILLERMO |                                 |
| STREET ADDRESS | 7360 NW 56 ST.      |                                 |
| CITY-STATE-ZIP | MIAMI FL 33166      |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | CHAPETON, ELIBET    |                                 |
| STREET ADDRESS | 7360 NW 56 ST.      |                                 |
| CITY-STATE-ZIP | MIAMI FL 33166      |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | CHAPETON, MIRIAM    |                                 |
| STREET ADDRESS | 7360 NW 56 ST.      |                                 |
| CITY-STATE-ZIP | MIAMI FL 33166      |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-STATE-ZIP |                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day 14 Month 5

CR2E034 (10/00)