

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90166 016 ***150.00

DOCUMENT # P97000064404

1. Entity Name
HJB-AIR FREIGHT, INC.

Principal Place of Business

**1501 PINE AVE
ORLANDO FL 32824
US**

Mailing Address

**1501 PINE AVE
ORLANDO FL 32824
US**

2. Principal Place of Business

2157 VISCOUNT ROW

Suite, Apt. #, etc.

3. Mailing Address

2157 VISCOUNT ROW

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number **59-3469300**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, HILDA J
1501 PINE AVE
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **BROOKS HILDA J.**
Street Address (P.O. Box Number is Not Acceptable)
2157 VISCOUNT ROW
6
City **ORLANDO** **FL** Zip Code **32809**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PSTD	<input type="checkbox"/> Delete
NAME	BROOKS, HILDA J	
STREET ADDRESS	1501 PINE AVE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROOKS, KENNETH	
STREET ADDRESS	1501 PINE AVE	
CITY-ST-ZIP	ORLANDO FL 32824	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS HILDA J	
STREET ADDRESS	2157 VISCOUNT ROW	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS KENNETH	
STREET ADDRESS	2157 VISCOUNT ROW	
CITY-ST-ZIP	ORLANDO FL 32809	
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		

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: *Hilda J. Brooks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01
Date

407-856-1500
Daytime Phone #

CR2E034 (10/00)

0067603