

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031764

1. Entity Name  
**SAFE-FREIGHT, INC.**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90076 035 \*\*\*150.00

Principal Place of Business  
**8055 N.W. 77TH COURT, SUITE #3  
MIAMI FL 33166**

Mailing Address  
**8055 N.W. 77TH COURT, SUITE #3  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

**2315 NW 107th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Box 111**

City & State

City & State

**Miami, Florida**

Zip

Country

Zip

Country

**33172**

**Dade**

4. FEI Number **65-0827262**

Applied For

Not Applicable

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

**MONTELLO, LOUIS R  
777 BRICKELL AVENUE, SUITE 1070  
MIAMI FL 33131**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CALVINO, ANTONIO  
8055 NW 77TH CT.  
MEDLEY FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Simon Falic  
2315 N.W. 107 Ave. Box: 111  
Miami, FL. 33172** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/21/01**

**305-882-0898**

CR2E034 (10/00)