

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90125 016 \*\*\*150.00

**DOCUMENT #** P98000031764 *N/C (Am)*  
**1. Entity Name**  
**SAFE-FREIGHT, INC.**  
*↑ Name changed to SF Cargo, Inc. on 11/19/01*

**Principal Place of Business** **Mailing Address**  
**8055 N.W. 77TH COURT, SUITE #3** **2315 NW 107TH AVE**  
**MIAMI FL 33166** **BOX 111**  
**MIAMI FL 33172**  
**US**

**2. Principal Place of Business** **3. Mailing Address**  
**2315 NW 107 AVE.** *[Handwritten address]*  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**Suite B17** *[Handwritten address]*

**City & State** **City & State**  
**Miami, FL** *[Handwritten address]*  
**Zip** **Country** **Zip** **Country**  
**33172** *[Handwritten address]*

**4. FEI Number** **65-0827262** **Applied For**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MONTELLO, LOUIS R**  
**777 BRICKELL AVENUE, SUITE 1070**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**  
**Name** **David J. Taney**  
**Street Address (P.O. Box Number is Not Acceptable)** **19495 Biscayne Blvd.**  
**Suite 300**  
**City** **Aventura** **FL** **Zip Code** **33180**

**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]* **4/23/02**  
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.** ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>CALVINO, ANTONIO</b>	
<b>STREET ADDRESS</b>	<b>8055 NW 77TH CT.</b>	
<b>CITY-ST-ZIP</b>	<b>MEDLEY FL 33166</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>FALIC, SIMON</b>	
<b>STREET ADDRESS</b>	<b>2315 NW 107 AVE BOX 111</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33172</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<i>[Handwritten title]</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<i>[Handwritten name]</i>	
<b>STREET ADDRESS</b>	<i>[Handwritten address]</i>	
<b>CITY-ST-ZIP</b>	<i>[Handwritten city-state-zip]</i>	
<b>TITLE</b>	<i>[Handwritten title]</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<i>[Handwritten name]</i>	
<b>STREET ADDRESS</b>	<i>[Handwritten address]</i>	
<b>CITY-ST-ZIP</b>	<i>[Handwritten city-state-zip]</i>	
<b>TITLE</b>	<b>D/P/T/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>FALIC, LEON</b>	
<b>STREET ADDRESS</b>	<b>2315 NW 107 AVE, Box 111</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33172</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *[Signature]* **4/23/02** **(305) 420-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)