

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036129

1. Entity Name

UNITED FREIGHT SYSTEM INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90078 014 \*\*\*158.75

Principal Place of Business

7204 FAIRWAY DR., I-26  
MIAMI LAKES FL 33014

Mailing Address

7204 FAIRWAY DR., I-26  
MIAMI LAKES FL 33014-6915

2. Principal Place of Business

1573A N.W. 93 AVE

3. Mailing Address

PO BOX 522632

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLORIDA

Zip

33172

Country

MIAMI DADE

Zip

33152

Country

MIAMI DADE

4. FEI Number

65-0822520

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, LUIS ANDRES

7204 FAIRWAY DR., I-26  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

LUIS ANDRES RUIZ

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

14640 HARRIS PLACE

City

MIAMI LAKES

FL

Zip Code

33014

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, 2000 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           | PSD                    | <input type="checkbox"/> Delete |
| NAME            | RUIZ, LUIS ANDRES      |                                 |
| STREET ADDRESS  | 7204 FAIRWAY DR., I-26 |                                 |
| CITY - ST - ZIP | MIAMI LAKES FL 33014   |                                 |
| 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 |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                      |  |
|-----------------|----------------------|--|
| TITLE           | RUIZ, LUIS ANDRES.   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                      |  |
| STREET ADDRESS  | 14640 HARRIS PLACE   |  |
| CITY - ST - ZIP | MIAMI LAKES FL 33014 |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-00

Date

305 986-4273

Daytime Phone #

CR2E034 (9/99)