

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90900 017 \*\*\*150.00

**DOCUMENT # P98000043583**

1. Entity Name

**DELTA FREIGHT, INC.**

Principal Place of Business

Mailing Address

7995 W 29 WAY 101  
 HIALEAH FL 33018

P.O. BOX 126481  
 HIALEAH FL 33012-1608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0803647

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

**BOGANTES, ANABELLE**  
 7995 W 29 WAY 101  
 HIALEAH FL 33018

Name

**Bogantes - Anabelle**

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

**9135 NW 96st -**

City

**Medley**

FL

Zip Code

**33178**

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

*Anabelle Bogantes*

4-27-00

Signature, type 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

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BOGANTES, ANABELLE</b>	
STREET ADDRESS	<b>7995 W 29TH WAY 101</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33016</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>MORENO, J PASTOR</b>	
STREET ADDRESS	<b>7995 W 29TH WAY 101</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33016</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anabelle Bogantes P-</b>	
STREET ADDRESS	<b>9135 NW 96st</b>	
CITY-ST-ZIP	<b>Medley FLA 33178</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASTOR MORENO V</b>	
STREET ADDRESS	<b>9135 NW 96st -</b>	
CITY-ST-ZIP	<b>Medley FLA 33178</b>	
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, 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

*Ana Bogantes President* 4-27-00 305-883 0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)