

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # P98000062579

1. Entity Name

NATASHA INTERNATIONAL FREIGHT, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90089 014 \*\*\*150.00

Principal Place of Business

129125 SW 133 CT STE A  
MIAMI FL 33186

Mailing Address

PO BOX 832902  
MIAMI FL 33283-2902

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

65-0848781

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

~~129125 SW 133 CT STE A  
MIAMI FL 33186~~

OCARIZ, GITLIN & ZOMERFELD  
UNION PLANTERS BANK BLDG.  
2151 LEJEUNE RD SUITE 312  
CORAL GABLES FL 33134

Name

Robert Haynes

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

12912 SW 123 Court

Suite A 133

City Miami

FL

Zip Code

33186-5806

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]*  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HAYNES, ROBERT  
STREET ADDRESS 11718 SW 92ND TERRACE  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE PD  
NAME Haynes, Robert  
STREET ADDRESS 12912 SW 123 Court Suite A  
CITY-ST-ZIP Miami, FL 33186-5806 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

4-4-00 305971-0033