2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000012093**

1. Entity Name

ON TIME FREIGHT SYSTEM CORP.

Principal Place of Business	Mailing Address
1840 NW 95TH AVENUE SUITE 203 MIAMI FL 33172	1840 NW 95TH AVENUE SUITE 203 MIAMI FL 33172-2340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8315 N.W. 64th. STREET

Suite, Apt. #, etc.

BAY # 1

City & State

MIAMI, FLORIDA

Zip 33166 Country U.S.A.

3. Mailing Address

8315 N.W. 64th. STREET

Suite, Apt. #, etc.

BAY # 1

City & State

MIAMI, FLORIDA

Zip 33166 Country U.S.A.

4. FEI.Number 65-0896082 | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CRISTINA P
1365 STILLWATER DRIVE
MIAMI BEACH FL 33141-1029

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERRARO, OSVALDO A 10105 COSTA DEL SOL BLVD MIAMI FL 33178	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: OSVALDO A. FERRARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00   (305)715-9964

Date   Daytime Phone #