

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000012093**

1. Entity Name

ON TIME FREIGHT SYSTEM CORP.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90084 017 ***150.00

Principal Place of Business

**8315 NW 64TH ST
BAY #1
MIAMI FL 33166**

Mailing Address

**8315 NW 64TH ST
BAY #1
MIAMI FL 33166**

00027392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8315 N.W. 64th. STREET
Suite, Apt. #, etc.
BAY # 1**

3. Mailing Address

**8315 N.W. 64th. STREET
Suite, Apt. #, etc.
BAY # 1**

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA4. FEI Number **65-0896082**

Applied For

Not Applicable

Zip
33166

Country

U.S.A.Zip
33166

Country

U.S.A.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

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

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, 2001 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	<input type="checkbox"/> Delete
	PSTD			
	FERRARO, OSVALDO A			
	10105 COSTA DEL SOL BLVD			
	MIAMI FL 33178			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: OSVALDO A. FERRARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/01 (305) 715-9964

Date

Daytime Phone #

CR2E034 (10/00)