

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90266 025 \*\*\*150.00

**DOCUMENT # P99000019005**

1. Entity Name

**MASEB FREIGHT FORWARD CORP.**

Principal Place of Business

Mailing Address

~~COLLINS AVE.~~  
~~BEACH, FL 33140~~

~~2855 COLLINS AVE.~~  
~~#602~~  
~~MIAMI BEACH, FL 33140-4708~~

80006576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2555 Collins Ave.**

3. Mailing Address

**2555 Collins Ave.**

Suite, Apt. #, etc.

**#509**

Suite, Apt. #, etc.

**#509**

City & State

**Miami Beach, FL**

City & State

**Miami Beach, FL**

Zip

**33140**

Country

**Miami-Dade**

Zip

**33140**

Country

**Miami-Dade**

4. FEI Number

**65-0898106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

**Gonzalez, Patricia**

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

**2555 Collins Ave.**

**#509**

City

**Miami Beach**

FL

Zip Code

**33140**

**GONZALEZ, PATRICIA**

**2655 COLLINS AVE.**

**#602**

**MIAMI BEACH, FL 33140**

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

**1/17/00**

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

**PSTD**  
**GONZALEZ, PATRICIA**  
**2655 COLLINS AVE.**  
**MIAMI BEACH FL 33140**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P/ST/P**  
**Gonzalez, Patricia**  
**2555 Collins Ave. #509**  
**Miami Beach, FL 33140**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

**1/17/00 (305) 531-0269**

CR2E034 (9/99)