

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033780

1. Entity Name
ABSOLUTE INT'L FREIGHT SERVICES, INC.

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

05-17-2000 90987 010 ***150.00

Principal Place of Business Mailing Address
412 KELLY LANE **412 KELLY LANE**
WESTON FL 33326 **WESTON FL 33326-3424**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
412 Kelly Lane **412 Kelly Lane**

City & State City & State 4. FEI Number Applied For
Weston **Weston** **65-0912385** Not-Applicable
Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
33326 **USA** **33326** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BOTERO, ROBERT Name
412 KELLY LANE Street Address (P.O. Box Number is Not Acceptable)
WESTON FL 33326 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 _____ (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	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTERO, ROBERT	NAME	
STREET ADDRESS	412 KELLY LANE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANO, RICARDO	NAME	
STREET ADDRESS	AVE 7 #109-35	STREET ADDRESS	
CITY-ST-ZIP	BOGOTA COLOMBIA	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 REQUIRED** Date: **042700** Daytime Phone #: **305 5936247**

CR2E034 (9/99)