

**2000 UNIFORM BUSINESS REPORT (UBR)**7/28  
\* 7/**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**07-28-2000 90009 001 \*\*\*\*\*8.75  
07-28-2000 90009 002 \*\*\*150.00**DOCUMENT # P99000034979**

1. Entity Name

**FREEWAY INTERNATIONAL CARGO CORP.**

A

Principal Place of Business

**3053 N.W. 82 AVENUE  
MIAMI FL 33122**

Mailing Address

**3053 N.W. 82 AVENUE  
MIAMI FL 33122**

2. Principal Place of Business

**2714 N.W. 72 AVE**

3. Mailing Address

**2714 NW 72 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

4. FEI Number

**65-0914282**

Applied For

Not Applicable

Zip

**33122**

Country

**USA**

Zip

**33122**

Country

**USA**

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CONCEPCION, JOEL  
3053 N.W. 82 AVENUE  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

**ZILDA M. DA SILVA**

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

**2714 N.W. 72 AVE.**

City

**MIAMI****FL**

Zip Code

**33122**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE **D** ☐ Delete**CONCEPCION, JOEL  
3053 N.W. 82 AVENUE  
MIAMI FL 33122**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition**ZILDA M. DA SILVA  
2714 N.W. 72 AVE.  
MIAMI FL 33122**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #