

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047466

1. Entity Name

CONSOLIDATED FREIGHT & SHIPPING, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90126 045 ***150.00

Principal Place of Business 10025 NW 116 WAY-SUITE #14 MEDLEY FL 33178	Mailing Address 10025 NW 116 WAY-SUITE #14 MEDLEY FL 33178-1173
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916696	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, PAUL A
10025 NW 116 WAY-SUITE #14
MEDLEY FL 33178

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 _____ (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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, PAUL A 10025 NW 116 WAY-SUITE #14 MEDLEY FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANGUINETTI, ERALDO 7354 NW 49 COURT LAUDERHILL FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Headley, Leon 13 Hope Road Kingston 10, Jamaica W.I.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mogg, Syd 10025 NW 116 Way #14 Medley FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. Duhaney-Bryce, Helen 10025 N.W. 116 Way #14 Medley FL 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Levy, Paul A 10025 NW 116 Way #14 Medley FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____ (Signature of Paul A. Levy)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/26/2000 (305) 887-4000