

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081138

1. Entity Name

FREIGHT ASSET HOLDING CORP.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90055 033 ***550.00

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE
 SUITE 1600
 MIAMI FL 33133

2601 SOUTH BAYSHORE DRIVE
 SUITE 1600
 MIAMI FL 33133-5413

2. Principal Place of Business

3. Mailing Address

1221 Brickell Ave
 Suite, Apt. #, etc.
 2600

1221 Brickell Ave
 Suite, Apt. #, etc.
 2600

City & State
 Miami, FL

City & State
 Miami, FL

Zip 33131 Country USA

Zip 33131 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-3021781

Applied For

Not Applicable

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

SCHANTZ, LAWRENCE M
 2601 SOUTH BAYSHORE DRIVE
 SUITE 1600
 MIAMI FL 33133

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SCHANTZ, LAWRENCE M
 2601 SOUTH BAYSHORE DRIVE, SUITE 1600
 MIAMI FL 33133 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Steven R. Cook
 1221 Brickell Ave
 Miami, FL 33131 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00
 Date

305-536-1414
 Daytime Phone #

CR2E034 (9/99)