2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90043 038 ***158.75

021066

DOCUMENT # S04186

1. Entity Name
MIAMI FREIGHT & SHIPPING COMPANY

Principal Place of Business	Mailing Address
8433 NW 72ND STREET MIAMI FL 33166-2743	8433 NW 72ND STREET MIAMI FL 33166-2743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1679158 ☐ 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
STINSON, LOUIS JR. 4675 PONCE DE. LEON BLVD. SUITE 305, RIVIERA PROFESSIONAL BLDG. CORAL GABLES FL 33146	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, 2001 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	PD JOHNSTON, CHARLES H 9710 S.W. 77 STREET MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSTON, CHARLES H. 10105 N.W. 52 TERRACE MIAMI, FLORIDA 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, DAVID 2 1/4 WINDWARD KINGSTON 16, JAMAICA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, MEREK 9710 SW 77TH STREET MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, MAREK 10105 N.W. 52 TERRACE ~~MIAMI FLORIDA 33178~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, MARJORY 8433 N.W. 72ND STREET MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STINSON, LOUIS JR 4675 PONCE DE LEON BLVD, STE. 305 CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVPT SANTOS, MARCIA 5947 WEST 28TH AVENUE HIALEAH FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPA KEENE, JULIANA 14203 N.W. 22 STREET ~~PEMBROKE PINES, FLORIDA 33028~~	☒ Change ☒ Addition

CR2E034 (10/00)

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: _____ MAREK JOHNSTON-DIRECTOR 1/8/01 (305) 885-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #