2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90095 029 ***150.00

DOCUMENT # S04186

1. Entity Name
MIAMI FREIGHT & SHIPPING COMPANY

Principal Place of Business	Mailing Address
7790 N.W. 46TH STREET UNIT 18 MIAMI FL 33166	7790 N.W. 46TH STREET UNIT 18 MIAMI FL 33166

☐ CHECK HERE IF MAKING CHANGES

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

STINSON, LOUIS JR.
4675 PONCE DE. LEON BLVD.
SUITE 305, RIVIERA PROFESSIONAL BLDG.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: LOUIS STINSON JR.
Street Address (P.O. Box Number is Not Acceptable): ~~2199 PONCE DE LEON BLVD~~ # 301
City: CORAL GABLES **FL** Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSTON, CHARLES H 10105 NW 52 TERRACE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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, MAREK 10105 NW 52 TERRACE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 D KENNEDY, MARJORY 7790 NW 46 STREET, MIAMI FL.33166
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 STINSON, LOUIS, JR 2199 PONCE DE LEON BLVD. # 301 CORAL GABLES, FL. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPA KEENE, JULIANA 14203 NW 22 STREET PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE JULIANA KEENE 1/8/02 305-437-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #