

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 7790 N.W. 46TH STREET UNIT 18 MIAMI FL 33166	Mailing Address 7790 N.W. 46TH STREET UNIT 18 MIAMI FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

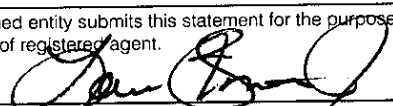
4. FEI Number 59-1679158	Applied For
	☐ Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 LOUISE 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.

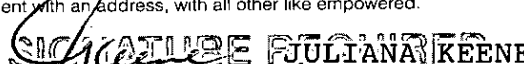
SIGNATURE 	DATE 1/13/02
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	☐ Delete
NAME JOHNSTON, CHARLES H	
STREET ADDRESS 10105 NW 52 TERRACE	
CITY-ST-ZIP MIAMI FL 33178	
TITLE D	☐ Delete
NAME JOHNSTON, DAVID	
STREET ADDRESS 2 1/4 WINDWARD	
CITY-ST-ZIP KINGSTON 16, JAMAICA	
TITLE D	☐ Delete
NAME JOHNSTON, MAREK	
STREET ADDRESS 10105 NW 52 TERRACE	
CITY-ST-ZIP MIAMI FL 33178	
TITLE D	☐ Delete
NAME KENNEDY, MARJORY	
STREET ADDRESS 8433 N.W. 72ND STREET	
CITY-ST-ZIP MIAMI FL	
TITLE S	☐ Delete
NAME STINSON, LOUIS JR	
STREET ADDRESS 4675 PONCE DE LEON BLVD, STE. 305	
CITY-ST-ZIP CORAL GABLES FL	
TITLE VPA	☐ Delete
NAME KEENE, JULIANA	
STREET ADDRESS 14203 NW 22 STREET	
CITY-ST-ZIP PEMBROKE PINES FL 33028	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME D KENNEDY, MARJORY	
STREET ADDRESS 7790 NW 46 STREET,	
CITY-ST-ZIP MIAMI FL. 33166	
TITLE	☒ Change ☐ Addition
NAME STINSON, LOUIS, JR	
STREET ADDRESS 2199 PONCE DE LEON BLVD. # 301	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E034 (10/02)