

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90125 038 ***158.75

DOCUMENT # S35207

1. Entity Name

AMERICAN ONE FREIGHT FORWARDERS, INC.



Principal Place of Business

10650 NW 29 TERRACE

MIAMI FL 33172

US

Mailing Address

10650 NW 29 TERRACE

MIAMI FL 33172

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0248385

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

BORIA, LUIGI

10650 NW 29TH TERRACE

MIAMI FL 33172

Name

EDUARDO GARCIA, CPA

Street Address (P.O. Box Number is Not Acceptable)

9231 SW 52 Terrace

City

MIAMI

FL

Zip Code

33165

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-04-03

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 PD
NAME BORIA, LUIGI
STREET ADDRESS 4671 N.W. 93RD DORAL CT.
CITY-ST-ZIP MIAMI FL



TITLE VSD
NAME DE BORIA, GRACIELA F.
STREET ADDRESS 4671 N.W. 93RD DORAL CT.
CITY-ST-ZIP MIAMI FL



TITLE T
NAME SOLA, SONIA
STREET ADDRESS 4671 N.W. 93RD DORAL CT.
CITY-ST-ZIP MIAMI FL



TITLE M
NAME ROCIO, VILLANEVA
STREET ADDRESS 11343 NW 72 TERR
CITY-ST-ZIP MIAMI FL 33178



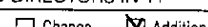
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE PD
NAME ROCIO VILLANEVA
STREET ADDRESS 11343 N.W. 72 TERRACE
CITY-ST-ZIP MIAMI, FL 33178



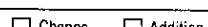
TITLE D
NAME HERNANDO LAMAS
STREET ADDRESS 11343 N.W. 72 TERRACE
CITY-ST-ZIP MIAMI, FL 33178



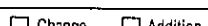
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



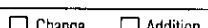
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-03

Date

Daytime Phone #

305-4688271

CR2E034 (10/02)