

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90095 049 ***150.00

DOCUMENT # S90472

1. Entity Name
UNIVERSAL FREIGHTWAYS CORP.

Principal Place of Business

Mailing Address

**7933 NW 21ST ST
MIAMI FL 33122
US**

**P.O. BOX 441519
MIAMI FL 33144
US**

2. Principal Place of Business

7500 NW 54 ST
Suite, Apt. #, etc.

3. Mailing Address

7500 NW 54 ST
Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

4. FEI Number **65-0299430**

Applied For

Not Applicable

Zip

33166

Country

USA.

Zip

33166

Country

U.S.A.

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

**ESQUIVEL, ANTONIO J. JR
7933 N.W. 21ST STREET
MIAMI FL 33122**

Name **Juan Carlos Esquivel**

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

7500 NW 54 ST

City **Miami**

FL

Zip Code **33166**

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

JUAN CARLOS ESQUIVEL - PRESIDENT

4/25/01

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 **D** ☐ Delete
NAME **ESQUIVEL, JUAN CARLOS**
STREET ADDRESS **6911 S.W. 71ST STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Change ☒ Addition
NAME **ESQUIVEL, ANTONIO SR.**
STREET ADDRESS **10229 N.W 9ST CIRCLE #214**
CITY-ST-ZIP **MIAMI, FLORIDA 33172**

TITLE **D** ☒ Delete
NAME **ESQUIVEL, ROBERT**
STREET ADDRESS **15802 S.W. 79TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ Change ☒ Addition
NAME **ESQUIVEL, NANCY**
STREET ADDRESS **6911 S.W. 71 STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33143**

TITLE **D** ☒ Delete
NAME **ESQUIVEL JR, ANTONIO J**
STREET ADDRESS **7933 NW 21ST ST**
CITY-ST-ZIP **MIAMI FL 33122**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

4/25/01
Date

305-594-0373
Daytime Phone #

CR2E034 (10/00)