

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84767

1. Entity Name

CHALLENGE AIR CARGO, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90299 020 ***167.50

0187587

Principal Place of Business

Mailing Address

3401 N.W. 67TH AVENUE
BLDG. C-805
MIAMI FL 33152
US

% F. GONZALEZ
P.O. BOX 523979
MIAMI FL 33152

A0040632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2738544

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required 2

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IMMER, JOHN G ESQ.
~~% KELLEY DRYE & WARREN LLP~~
~~201 SOUTH BISCAYNE BLVD, STE 2400~~
MIAMI FL 33131

Name IMMER, JOHN G ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave. Ste 1400
Rafferty, Gutierrez, Etal
City Miami FL Zip Code 33131

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	PD	☐ Delete
NAME	SPOHRER, B.F.	
STREET ADDRESS	4201 COLLINS AVE APT #1003	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	SV	☒ Delete
NAME	ABREU, NORMA	
STREET ADDRESS	3180 SW 133 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TVP	☐ Delete
NAME	GONZALEZ, FLORENTINO	
STREET ADDRESS	5759 NW 97TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VC	☐ Delete
NAME	RODRIGUEZ, RAMON A	
STREET ADDRESS	509 ROYAL PLAZA DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	☒ Delete
NAME	HUSTON, TOM JR.	
STREET ADDRESS	1001 MANATI	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	C	☐ Delete
NAME	ULLRICH, PETER F	
STREET ADDRESS	444 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Yvette Armenteros	☐ Change ☒ Addition
NAME	4325 S.W. 96th Avenue	
STREET ADDRESS	Miami, FL 33165	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jovita Carranza	☐ Change ☒ Addition
NAME	2582 Mayfair Lane	
STREET ADDRESS	Weston, FL 33327	
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	David Mulligan	
STREET ADDRESS	4360 N.W. 93 Doral Court	
CITY-ST-ZIP	Miami, FL 33178	

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

03-27-01

Date

305-869-8333

Daytime Phone #

CR2E034 (10/00)