2000 UNIFORM BUSINESS REPORT (UBR) OCCUMENT # J67439 Entity Name FILED Aug 24, 2000 8:0 Secretary of St

1. Entity Nam	MENT # J67439 CARRIERS, INC.				/	Au S			00 8:0 of Sta 012 ***550	0 am ate	
Principal Place of Business Mailing Address ROGER CARRIERS. INC. ROGER CARRIERS. INC. 4625 E. 11 AVE. HIALEAH FL 33013 US Mailing Address ROGER CARRIERS. INC. 4625 E. 11TH AVE HIALEAH FL 33013 US					AUU/445U						
2. Principal Place of Business 3. Mailing Address ROGER CAR			ERS INC	.,							
Suite, Apt. #, etc. Suite, Apt. #, etc. /3481 N. W. 4			•	R				VRITE IN THIS			
City & State		PLANTATION, FL.			4. FEIN	Number	59-2810)595 		optied For ot Applicable	
Zip	Country	Zip 33.3.2.5	Country -BR-0WA	RD	5. Certi	ficate of	Status Desire	d 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Current F		Name	7	7. Nam	e and Ad	dress of Ne	w Registered	J Agent		
HALL, ROGER 13481 N.W. 4 MANOR			Street Ac	Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33325								· · ·	 		
	•		City					F	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its reg	gistered office or	registered	d agent,	or both, i	n the State o	f Florida.	 		
SIGNATURE _	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE: Re	egistered Agent signatur	re required wh	hen reinstat	ing)		. DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! I After SEPTEMBER 13, 2 Make Check Payable	2000 Min. will b	e \$750.0	3 0		on Campaigr Fund Contrib			O May Be I to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ADDIT	ONS/CH	IANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Hall, Roger 13481 N.W. 4TH Manor Plantation Fl 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEANIAMON TE GOODS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	<u> </u>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	☐ Addition	
13. I hereby o	certify that the information supplied with	this filing does not qualify for the	e exemption state	ed in Secti	ion 119.	07(3)(i), F	Horida Statut	es. I further c	ertify that the li	ntormation	

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:

SICROJETUREHOEMUIRED Pres.

8/21/00

954-472-0256

Daytime Phone #

A400MUHDOHA99 A0074490

Rogen Carriers, Inc. 567439
3/21/00
To: Katherine Harris
This is The First Notice of
Recieved On This Report For the
I have Filled in My Home Address
in Block *3 For Corp. Mailing
Address.
Please Make Sure The First
Nolice is Mailed Out on Time.
Becouse & hate Paying 400.00 in Late Fees For Somebody
Elses Mistake Of Not Mailing
The Report To the On Time.
Zhanks
Rogen Hall - Pues.