

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90128 027 ***150.00

0206713 AV

DOCUMENT # J68614

1. Entity Name

PORT OF MIAMI COLD STORAGE, INC.

Principal Place of Business

**1470 PORT BLVD.
DODGE ISLAND
MIAMI FL 33132**

Mailing Address

**1470 PORT BLVD.
DODGE ISLAND
MIAMI FL 33132**



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 **04-2998708**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT. CORPORATION
1200 SOUTH PINES RD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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, 2002 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 **P** ☐ Delete
NAME **LYNCH, JOHN**
STREET ADDRESS **8050 NW 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **D** ☐ Delete
NAME **BRESKY, HARRY H.**
STREET ADDRESS **200 BOYLSTON ST**
CITY-ST-ZIP **CHESTNUT HILL MA 02167**

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

TITLE **EV** ☒ Delete
NAME **ROMERO, RAUL**
STREET ADDRESS **9000 W. 50TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Bruce Brecheisen**
STREET ADDRESS **8050 NW 79 Avenue**
CITY-ST-ZIP **Miami, Florida 33166**

TITLE **AS** ☐ Delete
NAME **BECKER, DAVID**
STREET ADDRESS **9000 W. 67TH ST.**
CITY-ST-ZIP **SHAWNEE MISSION KS**

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

TITLE **VPT** ☐ Delete
NAME **STEER, ROBERT L**
STREET ADDRESS **9000W 67TH ST**
CITY-ST-ZIP **SHAWNEE MISSION KS 66201**

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

TITLE **S** ☐ Delete
NAME **TUTON, MARSHALL L.**
STREET ADDRESS **ONE POST.OFFICE SQUARE**
CITY-ST-ZIP **BOSTON MA**

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:

Bruce Brecheisen
BRUCE A. BRECHEISEN

1-11-02

Date

305-863-4444

Daytime Phone #

CP2E034 (9/01)