

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90157 050 ***150.00

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**



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**

☐ CHECK HERE IF MAKING CHANGES

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

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

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

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

TITLE
NAME **VP** ☐ Delete
STREET ADDRESS **BRECHEISEN, BRUCE**
CITY-ST-ZIP **8050 NW 79 AVENUE
MIAMI FL 33166**

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

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

913-676-8800
Daytime Phone #

CR2E034 (10/02)