

2000 UNIFORM BUSINESS REPORT (UBR)

3,

DOCUMENT # N97000001913

1. Entity Name

FREIGHT DRIVERS, WAREHOUSEMEN, HELPERS, BAKERY S

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-22-2000 90179 016 ****70.00

Principal Place of Business Mailing Address
2514 HOLLYWOOD BLVD., STE. 502 2514 HOLLYWOOD BLVD., STE. 502
HOLLYWOOD FL 33020 HOLLYWOOD FL 33161-5428

2. Principal Place of Business 3. Mailing Address
12365 W Dixie Highway 12365 W Dixie Highway
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
North Miami FL North Miami FL
Zip Country Zip Country
33161 FL 33161 FL

4. FEI Number 59-0481717 Applied For
Not Applicable

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525
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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPE, GERALDINE		NAME	12365 W. Dixie Highway	
STREET ADDRESS	2514 HOLLYWOOD BLVD., STE. 502 - Director		STREET ADDRESS	North Miami FL 33161	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, ANDRE		NAME	12365 W Dixie Highway	
STREET ADDRESS	2514 HOLLYWOOD BLVD., STE. 502 - Director		STREET ADDRESS	North Miami FL 33161	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARR, DONALD		NAME	12365 W. Dixie Highway	
STREET ADDRESS	2514 HOLLYWOOD BLVD., STE. 502 - Director		STREET ADDRESS	North Miami FL 33161	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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:

SIX REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)