

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90092 023 ***150.00

DOCUMENT # P00000018753

1. Entity Name
PRO LINE CARGO U.S.A., INC.

Principal Place of Business

~~C/O DAVID J. HART~~
~~100 N. BISCAYNE BLVD. SUITE 2600~~
~~MIAMI FL 33132~~

Mailing Address

~~C/O DAVID J. HART~~
~~100 N. BISCAYNE BLVD. SUITE 2600~~
~~MIAMI FL 33132~~

2. Principal Place of Business

7758 NW 46TH ST

3. Mailing Address

7621 SW 175TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3641065

Applied For

Not Applicable

Zip
33166

Country
USA

Zip
33157

Country
USA

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

~~HART, DAVID J.~~
~~100 N. BISCAYNE BLVD.~~
~~SUITE #2600~~
~~MIAMI FL 33132~~

Name
URDANETA, CARMEN

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

7621 SW 175TH ST

City
MIAMI

FL

Zip Code
33157

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)

4/30/02
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
URDANETA, CARMEN
8475 NW 29TH STREET
MIAMI FL 33172

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
7621 SW 175TH ST
MIAMI, FL 33157

☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

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

4/30/02
 Date

305-599-0701
 Daytime Phone #

CR2E034 (9/01)