

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062323

1. Entity Name

CAPITAL LOGISTIC & TRANSPORT, INC.

Principal Place of Business

4801 S. UNIVERSITY DR., BOX 3080
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DR., BOX 3080
DAVIE FL 33328

2. Principal Place of Business

8401 NW 53 Terrace

Suite, Apt. #, etc.

105

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1034014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, RICK

4801 S. UNIVERSITY DR., BOX 3080
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

John L. Sharko

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

8401 NW 53 Terr #105

City

MIAMI

FL

Zip Code

33166

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

4/30/01

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, 2001 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

TITLE NAME ☐ Delete

PRESIDENT

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

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TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

PRESIDENT

JOHN L. SHARKO

STREET ADDRESS

8401 NW 53rd Terrace

CITY-ST-ZIP

MIAMI, FL 33166 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01 X 305 639-1700

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)