

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 005 ***158.75

DOCUMENT # P39712

1. Entity Name

HELLMANN TRANSPORT SERVICES, INC.

Principal Place of Business

Mailing Address

10450 DORAL BLVD.
MIAMI FL 33178

10450 DORAL BLVD.
MIAMI FL 33178-4238
US

00071977



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

93-1010323

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

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, 2000 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 TS
NAME LOCKE MARY JANE
STREET ADDRESS 10450 DORAL BLVD.
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE PD
NAME Weyeneth, Karl
STREET ADDRESS 10450 Doral Blvd
CITY-ST-ZIP Miami, FL 33178 ☐ Change ☒ Addition

TITLE AS
NAME OUTWIN
STREET ADDRESS 10450 DORAL BLVD.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SVP
NAME OUTWIN, Tom
STREET ADDRESS 35 FADEM ROAD
CITY-ST-ZIP SPRINGFIELD, NEW JERSEY 07081 ☒ Change ☐ Addition

TITLE D
NAME HELLMAN, KLAUS
STREET ADDRESS 10450 DORAL BLVD.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SVP
NAME Cazan-Cassini, Rick
STREET ADDRESS 10450 Doral Blvd.
CITY-ST-ZIP Miami, FL 33178 ☐ Change ☒ Addition

TITLE D
NAME HELLMAN, JOST
STREET ADDRESS 10450 DORAL BLVD.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE AS
NAME Hendrickson, Carol
STREET ADDRESS 3200 INTERNATIONAL AIRPORT DRIVE, SUITE 800
CITY-ST-ZIP Charlotte, NC 28208 ☐ Change ☒ Addition

TITLE AC
NAME HENDRICKSON, CAROL
STREET ADDRESS 10450 DORAL BLVD.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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

Date

Daytime Phone #

CR2E034 (9/99)