

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024598

1. Entity Name

COMEXTER CARGO, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90085 005 ***150.00

Principal Place of Business

10051 NW 99TH AVE
STE 5
MEDLEY FL 33178
US

Mailing Address

8100 MITCHELL RD
STE 1200
EDEN PRAIRIE MN 55344-2111
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0122113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MULVEHILL, JOSEPH
STREET ADDRESS 8100 MITCHELL RD
CITY-ST-ZIP EDEN PRAIRIE MN 55344 ☐ Delete

TITLE VPD
NAME GOVEN, GREG
STREET ADDRESS 8100 MITCHELL RD
CITY-ST-ZIP EDEN PRAIRIE MN 55344 ☐ Delete

TITLE S
NAME GLEASON, OWEN
STREET ADDRESS 8100 MITCHELL RD
CITY-ST-ZIP EDEN PRAIRIE MN 55344 ☐ Delete

TITLE TD
NAME WIEHOFF, JOHN
STREET ADDRESS 8100 MITCHELL RD
CITY-ST-ZIP EDEN PRAIRIE MN 55344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Owen P. Gleason Owen P. Gleason, Secretary 3/16/00 612-937-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)