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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049366

1. Corporation Name
M & R CARTAGE, INC.

Principal Place of Business
2973 NW 71 ST
MIAMI FL 33147
US

Mailing Address
2973 NW 71ST ST
MIAMI FL 33147
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1993

4. FEI Number
65-0423306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FELDMAN, MINDY A CPA
500 NE SPANISH RIVER BLVD
STE 205 16
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE 16

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE
NAME GREENFIELD, AUREA
STREET ADDRESS 502 NORTHWEST 97TH AVE.
CITY-ST-ZIP PLANTATION FL

TITLE PD ☐ DELETE
NAME GREENFIELD, EMMETT
STREET ADDRESS 502 NORTHWEST 97TH AVENUE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT ☒ Change ☐ Addition
1.2 NAME Greenfield, Aurea
1.3 STREET ADDRESS 12311 NW 27 PLACE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME GREENFIELD EMMETT
2.3 STREET ADDRESS 12311 NW 27 PLACE
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME MONIZ, DEANIS
3.3 STREET ADDRESS 12440 NW 15 ST #3-102
3.4 CITY-ST-ZIP SURPRISE FL 33323

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aurea Greenfield* VT x 4-23-99 x 800-656-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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