2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

DOCUMENT # P93000049366 May 15, 2000 8:00 am Secretary of State 1. Entity Name M & R CARTAGE, INC. 05-15-2000 90302 037 ***150.00 Mailing Address Principal Place of Business 2973 NW 71ST ST 2973 NW 71 ST MIAMI FL 33147-5933 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0423306 Not Applicable Country **\$8.75** Additional . Country Zip -5.-Certificate of Status Desired ---- 🖃 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELDMAN, MINDY A CPA Street Address (P.O. Box Number is Not Acceptable) 500 NE SPANISH RIVER BLVD **STE 16 BOCA RATON FL 33431** Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE GREENFIELD HUREA GEENFIELD, AUREA NAME NAME STREET ADDRESS 12311 NW 27 P STREET ADDRESS 12311 NW 27 PL CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33065 Change Addition PD ☐ Delete TITLE TITLE NAME EMMETT GREENFIELD, EMMETT NAME STREET ADDRESS STREET ADDRESS 12311 NW 27 PL CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33065 TITLE TITLE Delete NAME MONIZ, DENNIS NAME STREET ADDRESS STREET ADDRESS 12440 NW 15 ST 3-102 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 **X** Addition TITLE ☐ Delete TITLE DAULD J. MONIZ NAME NAME 12311 NW 27 Pr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the properties and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation the receiver or trustee entry the properties of the corporation the receiver or trustee entry that the information supplies that the information indicated on this report or supplemental report is the information supplies that the information supplies that the information supplies that the information indicated in this report or supplemental report is the information supplies that the information indicated in this report or supplemental report is the information supplies that the information indicated in this report or supplemental report is the information supplemental report is the information supplemental report is the information supplemental report in the information supplemental report is the information supplemental report is the information supplemental report in the information supplemental report is the information supplemental report is the information supplemental report in the information supplemental report is the information supplemental report in the information supplemental report is the information supplemental report in the information supplemental report is the information supplemental report in the information supplemental report is the information supplemental report in the information suppl