2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P93000049366** 1. Entity Name M & A CARTAGE, INC. 04-27-2001 90235 023 ***150.00 Principal Piace of Business Mailing Address 2973 NW 71 ST 2973 NW 71ST ST MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0423306 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VTS** TITLE TITLE Delete GEENFIELD, AUREA NAME NAME STREET ADDRESS 12311 NW 27 PL STREET ADDRESS CITY-ST-ZIP CORAL SPGS FL 33065 CITY-ST-ZiP ☐ Delete ☐ Change Addition GREENFIELD, EMMETT STREET ADDRESS STREET ADDRESS 12311 NW 27 PL CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33065 □ Delete Addition MONIZ, DAVID J NAME. STREET ADDRESS STREET ADDRESS 12311 NW 27 PL CITY-ST-ZIP CiTY-ST-ZIP CORAL SPRINGS FL 33065 TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS \$TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIRY-ST-ZIP ☐ Delete TITLE TITLE Change Addition 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida 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.

CR2E034 (10/00)