

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000004357**

1. Entity Name

**P.F. CARRIERS, INC.****FILED****Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90294 048 \*\*\*150.00

Principal Place of Business <b>5381 SW 34 ST FT LAUDERDALE FL 33314 US</b>	Mailing Address <b>5381 SW 34 ST 108 FT LAUDERDALE FL 33314 US</b>
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2. Principal Place of Business <b>2610 NW 3RD AV.</b>	3. Mailing Address <b>2610 NW 3RD AV</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT. LAUDERDALE FL</b>	City & State <b>FT. LAUDERDALE FL</b>
Zip <b>33311</b>	Country <b>USA</b>
Country <b>USA</b>	Zip <b>33311</b>

4. FEI Number <b>65-0459944</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FORTIN, PIERRE 2625 N ANDREWS AVE 108 FT LAUDERDALE FL 33311</b>
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7. Name and Address of New Registered Agent Name <b>PIERRE FORTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2610 NW 3RD AV</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33311</b>
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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) DATE9. 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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>PIERRE FORTIN</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FORTIN, PIERRE</b>			NAME	<b>PIERRE FORTIN</b>		
STREET ADDRESS	<b>5381 SW 34 STREET</b>			STREET ADDRESS	<b>2610 NW 3RD AV</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>			CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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

01/30/01

Date

954-614-0875

Daytime Phone #

CR2E034 (10/00)