

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003197

1. Entity Name

PROFESSIONAL CARTAGE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90109 009 ***150.00

Principal Place of Business

9173 FOUNTAINEBLEAU BLVD.

#2

MIAMI FL 33172

Mailing Address

9173 FOUNTAINEBLEAU BLVD.

#2

MIAMI FL 33172-4318

2. Principal Place of Business

9173 FOUNTAINEBLEAU BLVD

3. Mailing Address

9173 FOUNTAINEBLEAU BLVD

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0512547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOKER, EDGAR A
9173 FOUNTAINEBLEAU BLVD.
#2
MIAMI FL 33172

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 ☐ Delete
NAME P
STREET ADDRESS HOOKER, EDGAR A
CITY-ST-ZIP 9173 FOUNTAINEBLEAU BLVD. #2
MIAMI FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

Edgar Hooker
Edgar Hooker

Date

4/20/00

Daytime Phone #

(305) 227-7004

CR2E034 (9/99)