

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90042 029 ***550.00

DOCUMENT # P95000003197

1. Entity Name
PROFESSIONAL CARTAGE, INC.

(Handwritten: LR)

Principal Place of Business
9173 FOUNTAINEBLEAU BLVD.
#2
MIAMI FL 33172

Mailing Address
9173 FOUNTAINEBLEAU BLVD.
#2
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

910 NW 106 AVE
CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-0512547

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOKEE, EDGAR A

9173 FOUNTAINEBLEAU BLVD.

#2

MIAMI FL 33172

Name

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

910 NW 106 AVE, CIRCLE

City

MIAMI

FL

Zip Code

33172

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **HOOKEE, EDGAR A**
 STREET ADDRESS **9173 FOUNTAINEBLEAU BLVD. #2**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME **910 NW 106 AVE, CIRCLE**
 STREET ADDRESS **MIAMI FL 33172**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

(Handwritten: Edgar Hooker)
EDGAR HOOKER

7/20/01 (305) 785-4521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0052801 AV

CR2E034 (5/01)