

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90058 020 ***150.00

DOCUMENT # **P95000062041**

1. Entity Name
DONALDS CARGO CARRIER, INC.

Principal Place of Business 1382 NORTHWEST 126TH WAY SUNRISE FL 33323	Mailing Address 1382 NORTHWEST 126TH WAY SUNRISE FL 33323-3198
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 161 W. ROYAL COVE CR. Suite, Apt. #, etc.	3. Mailing Address 161 W. ROYAL COVE CIRCLE Suite, Apt. #, etc.
---	--

City & State DAVIE, FL	City & State DAVIE, FL	4. FEI Number 65-0602106	Applied For <input type="checkbox"/> Not Applicable
Zip 33325	Country U.S.A.	Zip 33325	Country U.S.A.

6. Name and Address of Current Registered Agent
LEWIS, EDGAR
200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **R. HUGH HUMPKIN**
 Street Address (P.O. Box Number is Not Acceptable)
VER PLOEG & HUMPKIN PA
100 SE 2 ST. # 2150
 City **Miami** FL Zip Code **33131**

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 (NOTE: Registered Agent signature required when reinstating)
 DATE **4/21/2000**

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 **\$5.00** May Be Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVTD	<input type="checkbox"/> Delete
NAME DONALDS, JOHN E	
STREET ADDRESS 1382 NORTHWEST 126TH WAY	
CITY-ST-ZIP SUNRISE FL 33323	
TITLE SD	<input type="checkbox"/> Delete
NAME DONALDS, KATHY Y	
STREET ADDRESS 1382 NORTHWEST 126TH WAY	
CITY-ST-ZIP SUNRISE FL 33323	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 161 W. ROYAL COVE CIRCLE	
CITY-ST-ZIP DAVIE FL 33325	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 161 W. ROYAL COVE CIRCLE	
CITY-ST-ZIP DAVIE, FL 33325	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE **JOHN E. DONALDS** 4/21/2000 954-915-0098
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)