

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

Mailing Address

1382 NORTHWEST 126TH WAY
SUNRISE FL 33323

1382 NORTHWEST 126TH WAY
SUNRISE FL 33323-3198

2. Principal Place of Business

3. Mailing Address

161 W. ROYAL COVE CR.

161 W. ROYAL COVE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33325

Country

U.S.A.

Zip

33325

Country

U.S.A.

4. FEI Number

65-0602106

Applied For

Not Applicable

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

LEWIS, EDGAR
200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/21/2000

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

\$5.00 May Be

Trust Fund Contribution

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. DONALDS 4/21/2000 954-915-0098

Date

Daytime Phone #

CR2E034 (9/99)