

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067867

1. Entity Name

CAPITAL CARGO INTERNATIONAL AIRLINES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90029 027 ***150.00

Principal Place of Business

Mailing Address

6200 HAZELFINE NATL DRIVE
ORLANDO FL 32822
US

6200 HAZELFINE NATL DRIVE
ORLANDO FL 32822
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3338116

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

HARRIS, MARSHALL S
6200 HAZELFINE NATL DRIVE
ORLANDO FL 32822

Name

Peter F. Fox

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

6200 Hazeltine National Drive

City

Orlando

FL

Zip Code
32822

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CORREIA, DAVID E	
STREET ADDRESS	6200 HAZELFINE NATL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	FOX, PETER F.	
STREET ADDRESS	6200 HAZELFINE NATL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREENE, CHARLES S.	
STREET ADDRESS	6200 HAZELFINE NATL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fox, Peter F.	
STREET ADDRESS	6200 Hazeltine National Drive	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Correia, David E.	
STREET ADDRESS	6200 Hazeltine National Drive	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golder, George A.	
STREET ADDRESS	6200 Hazeltine National Drive	
CITY-ST-ZIP	Orlando, FL 32822	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)