

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90631 041 ***158.75

DOCUMENT # P96000043166

1. Entity Name
CONTINENTAL REEFER-TRUCK, CORP.

Principal Place of Business

**7758 N.W. 71 STREET
 MIAMI FL 33166**

Mailing Address

**7883 N.W. 171 STREET
 HIALEAH FL 33015-3841**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7883 N.W. 171 ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLA

City & State

4. FEI Number

65-0671755

Applied For

Not Applicable

Zip

33015

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LAGOS, HERNAN N
 7758 N.W. 71 STREET
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **KATHERINE P. LEON**

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

7883 N.W. 171 ST.

City **MIAMI**

FL

Zip Code

33015

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 *Katherine Leon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/2002

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, 2002 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 **PST** ☒ Delete
 NAME **LAGOS, HERNAN N**
 STREET ADDRESS **7883 N.W. 71 STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **SARA LAGOS**
 STREET ADDRESS **7883 N.W. 171 ST.**
 CITY-ST-ZIP **MIAMI-FLA 33015**

TITLE **V** ☐ Change ☒ Addition
 NAME **HERNAN LAGOS**
 STREET ADDRESS **7883 N.W. 171 ST.**
 CITY-ST-ZIP **MIAMI-FLA 33015**

TITLE **S** ☐ Change ☒ Addition
 NAME **KATHERINE LEON**
 STREET ADDRESS **7883 N.W. 171 ST.**
 CITY-ST-ZIP **MIAMI-FLA 33015**

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 all other like empowered.

SIGNATURE:

Katherine Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002

Date

(305) 558-7357

Daytime Phone #

CR2E034 (9/01)