

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088046

1. Entity Name

CARRIBE AMERICA TRANSPORT SERVICE, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90099 047 ***158.75

Principal Place of Business

Mailing Address

2070 TALLEYRAND AVE
JACKSONVILLE FL 32206

2070 TALLEYRAND AVE
JACKSONVILLE FL 32211-6869

2. Principal Place of Business

5643 Holly Bell DR.

3. Mailing Address

5643 Holly Bell DR.

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

Suite #1

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL.

Zip

32277

Country

DUVAL

Zip

32277

Country

DUVAL

4. FEI Number

59-3408283

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, ISMAEL
2070 TALLEYRAND AVE
JACKSONVILLE FL 32206

Name

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

City

FL

Zip Code

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: *Ismael Delgado*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

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	PD	<input type="checkbox"/> Delete
NAME	DELGADO, ISMAEL	
STREET ADDRESS	9801 BAYMEADOW RD #10	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, JAMES	
STREET ADDRESS	46 BREEZEWOOD COMMON	
CITY-ST-ZIP	EAST AMHEARST NY 14051	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR Dome	
STREET ADDRESS	10824 JUNIOR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
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		
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: *Ismael Delgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/00

Daytime Phone #

904) 743-6456