

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90033 020 ***150.00

DOCUMENT # P96000095041

1. Entity Name
ANI CARGO SERVICES, INC.

Principal Place of Business Mailing Address
8409 NW 68TH STREET **8409 NW 68TH STREET**
MIAMI FL 33166 **MIAMI FL 33178-1625**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6931 N.W. 87TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 6931 N.W. 87TH AVENUE Suite, Apt. #, etc.		4. FEI Number 65-0714754		Applied For <input type="checkbox"/> Not Applicable	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33178	Country U.S.A.	Zip 33178	Country U.S.A.				
6. Name and Address of Current Registered Agent PITTER, CARL S 7380 W ATLANTIC BLVD MARGATE FL 33063				7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, STEPHEN 17874 SW 13 STREET PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1912 SW162ND AVENUE MIRAMAR, FLORIDA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TD MCBEAN, FELICIA 17874 SW 13 STREET PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1912 SW 162ND AVENUE MIRAMAR, FLORIDA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP -GRANT, ALLAN E 2050 N E 140 STREET APT 17 NORTH MIAMI BEACH FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S REDWOOD, VALYA 17874 SW 13 STREET PEMBROKE PINES FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1912 SW 162ND AVENUE MIRAMAR, FLORIDA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **1.19.2000 (305) 470 9984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)