

2001

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000002762**

1. Entity Name

Bolo Container Carriers, Corp. ✓

Principal Place of Business

Mailing Address

5900 NW 122 Ave 3001 W 12 Ave #5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Miami FL

Suite, Apt. #, etc.

Hialeah FL

City & State

33177

City & State

33012

Zip

Country

Zip

Country

4. FEI Number

65-0803198

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Joaquin Hernandez
3001 NW 12 Ave #5
Hialeah FL 33012**

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

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

TITLE	President	☐ Delete
NAME	JOAQUIN R. HERNANDEZ	
STREET ADDRESS	925 HUNTING LODGE DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SEC. TREAS	☐ Delete
NAME	ANTONIO GUSMAN	
STREET ADDRESS	7737 WEST 15TH AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joaquin R. Hernandez 4/23/01 (305) 718-9469

11-10

Daytime Phone #