

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096146

1. Entity Name

CARA TRANSPORT, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90209 022 \*\*\*150.00

Principal Place of Business

131 NE 56TH STREET  
FT. LAUDERDALE FL 33334

Mailing Address

131 NE 56TH STREET  
FT. LAUDERDALE FL 33305-2612

2. Principal Place of Business

1910 NE 22nd Ter  
Suite, Apt. #, etc.

3. Mailing Address

1910 NE 22nd Ter  
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0874979

Applied For

Not Applicable

Zip

Country

33305

Broward

Zip

Country

33305

Broward

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

SCHERRER, RAUL  
131 NE 56TH STREET  
FT. LAUDERDALE FL 33334

Name

Adelio C Soares

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

1910 NE 22nd Terrace

City Ft. Lauderdale

FL

Zip Code  
33305

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 Adelio C Soares Adelio C Soares - Pres 4/3/00

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 NAME STREET ADDRESS CITY-ST-ZIP	VD SCHERRER, RAUL 5881 TOWN BAY DR #922 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Adelio C Soares 1910 NE 22nd Ter Fort Lauderdale, FL 33305	<input type="checkbox"/> Change <input checked="" 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
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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:

Adelio C Soares Adelio C Soares

4/3/00 (954) 618-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)