

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90029 013 ***150.00

0072911

DOCUMENT # P99000011948

1. Entity Name

P.T.C. CARGO, INC.

Principal Place of Business -

Mailing Address

**11455 S ORANGE, SUITE 2
 ORLANDO FL 32837**

**11455 S ORANGE, SUITE 2
 ORLANDO FL 32837**

44638

2. Principal Place of Business

3. Mailing Address

11301 S. Orange Blossom
 Suite, Apt. #, etc.

11301 S. Orange Blossom
 Suite, Apt. #, etc.

TRL, Suite 201

TRL, Suite 201

Orlando FL

Orlando FL

Zip 32837

Country

Zip 32837

Country

4. FEI Number **59-3563534**

Applied For

Not Applicable

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

**CORTES, FABIAN J
 11455 S ORANGE, SUITE 2
 ORLANDO FL 32837**

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, 2001 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** ☐ Delete
 NAME **CORTES, FABIAN J**
 STREET ADDRESS **11301 S ORANGE, SUITE 201**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Monika Cortes**
 STREET ADDRESS **11301 S. Orange Blossom Tr.**
 CITY-ST-ZIP **Suite 201, Orlando FL 32837**

TITLE **STD** ☐ Delete
 NAME **CORTES, MONICA**
 STREET ADDRESS **11301 S ORANGE, SUITE 201**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (10/00)