

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90344 003 \*\*\*150.00

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**DOCUMENT # P99000011948**

1. Entity Name  
P.T.C. CARGO, INC.



Principal Place of Business  
11301 S ORANGE BLOSSOM TRL  
SUITE 201  
ORLANDO FL 32837

Mailing Address  
11301 S ORANGE BLOSSOM TRL  
SUITE 201  
ORLANDO FL 32837

11000030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3563534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTES, FABIAN J  
11301 S. ORANGE BLOSSOM TRAIL  
STE. 201  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CORTES, FABIAN J  
STREET ADDRESS 11455 S ORANGE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE STD  
NAME CORTES, MONICA  
STREET ADDRESS 11455 S ORANGE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32837

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TITLE TD  
NAME CORTES, MONIK  
STREET ADDRESS 11301 S ORANGE BLOSSOM TRL SUITE 201  
CITY-ST-ZIP ORLANDO FL 32837

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP05034 (10/02)