

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90127 027 ***150.00

DOCUMENT # P99000047638

1. Entity Name

ADVANCE CARGO EXPEDITORS, INC.

Principal Place of Business

**8211 NW 68TH ST
 MIAMI FL 33166
 US**

Mailing Address

**8211 NW 68TH ST
 MIAMI FL 33166
 US**

2. Principal Place of Business

1426 NW 82 AVE

3. Mailing Address

1426 NW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0935958

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BLACKWOOD, LINCOLN
 8211 NW 68TH ST
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **BLACKWOOD, LINCOLN**

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

1426 NW 82 AVENUE

City

MIAMI

FL

Zip Code

33126

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKWOOD, LINCOLN	
STREET ADDRESS	1050 NW 191 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ADRIAN	
STREET ADDRESS	788 N.W. 151 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKWOOD, MERIL	
STREET ADDRESS	1050 N.W. 191 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BLACKWOOD, LINCOLN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN BLACKWOOD	
STREET ADDRESS	15956 SW 7th STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BLACKWOOD, MERIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, MERIL	
STREET ADDRESS	15956 SW 7th STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lincoln Blackwood

4-16-02 3057157023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)