

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074184

1. Entity Name

CHAMPION CARGO CORPORATION

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90001 043 ***550.00

Principal Place of Business

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131-2847

2. Principal Place of Business

3529 NW 82ND AVE

Suite, Apt. #, etc.

3. Mailing Address

3529 NW 82ND AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0946873

Applied For

Not Applicable

Zip

33122

Country

Zip

33122

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name SANDRA C. MIESSLER

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

3529 NW 82ND AVENUE

City

MIAMI

FL

Zip Code

33122

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

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	<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	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIESSLER, JR., ROBERT JOHN	
STREET ADDRESS	3529 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	DVPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIESSLER, SANDRA C.	
STREET ADDRESS	3529 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	
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:

[Signature]
SANDRA C. MIESSLER

Date

Daytime Phone #

[Signature] 06/27/00 (305) 639-2929

CR 2 03 4 (9/9 3)