

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106343

1. Entity Name

FLORIDA U.S. SPECIALIZED CARRIERS, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90005 046 \*\*\*150.00

Principal Place of Business

Mailing Address

4010 S.W. 31ST DRIVE  
HOLLYWOOD FL 33023

4010 S.W. 31ST DRIVE  
HOLLYWOOD FL 33023

2. Principal Place of Business

8101 SW 24TH PLACE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 824841

Suite, Apt. #, etc.

City & State  
MIRAMAR, FLORIDA

City & State  
SOUTH FLORIDA, FLORIDA

4. FEI Number

65-0966822

Applied For

Not Applicable

Zip  
33025

Country

USA

Zip  
33082

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIKES, SANDRA  
4010 S.W. 31ST DRIVE  
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

MARCUS DUMAS

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

8101 SW 24TH PLACE

City MIRAMAR

FL

Zip Code  
33025

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

4/24/00

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	MARCUS DUMAS	
STREET ADDRESS	8101 SW 24TH PLACE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	HAROLD HEATH	
STREET ADDRESS	17500 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GAIL DUMAS	
STREET ADDRESS	8101 SW 24TH PLACE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	GAIL DUMAS	
STREET ADDRESS	8101 SW 24TH PLACE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
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		<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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS DUMAS

Date

Daytime Phone #

4/24/00

954-438-6444