

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V02586**

1. Entity Name

**ADVANCE CARGO OF ORLANDO, INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90290 009 \*\*\*150.00

**645842**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9043 TRADEPORT DRIVE ORLANDO FL 32827 US</b>	Mailing Address <b>100 N. BISCAYNE BLVD. #2608 MIAMI FL 33132 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0304837</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>BERNSTEIN, JEFFREY A 100 N. BISCAYNE BLVD. STE 2608 MIAMI FL 33132</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City State Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D HAMILTON, CHARLES 100 N. BISCAYNE BLVD., #2608 MIAMI FL 33132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SPERRY, GILLIS 100 N. BISCAYNE BLVD., #2608 MIAMI FL 33132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPVS CALVINO, SAL 100 N. BISCAYNE BLVD., #2608 MIAMI FL 33132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P/V/S/T CALVINO, Sal 100 N. Biscayne Blvd., #2608 Miami, FL 33132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles Hamilton* Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/17/01 Daytime Phone #: 603.647.6655

CR2E034 (10/00)