

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90342 041 ***150.00

DOCUMENT # V02586

1. Entity Name

ADVANCE CARGO OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9043 Tradeport Drive

3. Mailing Address
100 N. Biscayne Blvd.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 2608

City & State
Orlando, FL

City & State
Miami, FL

4. FEI Number
65-0304837

Applied For
Not Applicable

Zip
32827

Country
USA

Zip
33132

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jeffrey A. Bernstein, Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 N. Biscayne Blvd.

Suite 2608

City
Miami

FL

Zip Code
33132

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)

4/1/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
D
HAMILTON, Charles
STREET ADDRESS
100 N. Biscayne Blvd., Suite 2608
CITY-ST-ZIP
Miami, FL 33132

TITLE
NAME
D
SPERRY, Gillis
STREET ADDRESS
100 N. Biscayne Blvd., Suite 2608
CITY-ST-ZIP
Miami, FL 33132

TITLE
NAME
DPSTV
CALVINO, Sal
STREET ADDRESS
100 N. Biscayne Blvd., Suite 2608
CITY-ST-ZIP
Miami, FL 33132

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salvatore C. Calvino

Date

4/1/02

Daytime Phone #

603-647-1717

CR2E034B (12/01)