

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90499 041 ***150.00

DOCUMENT # V03329

1. Entity Name

AUTO CARGO, INC.

Principal Place of Business

~~2400 BRICKELL AV
 107D
 MIAMI FL 33129
 US~~

Mailing Address

~~2400 BRICKELL AV
 107D
 MIAMI FL 33129
 US~~

2. Principal Place of Business

3400 OCEAN BEACH BLVD

3. Mailing Address

3400 OCEAN BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#610

#610

City & State

City & State

COCOA BEACH, FLA.

COCOA BEACH, FLA.

Zip

32931

Country

U.S.

Zip

32931

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HOOPER, LARRY K.
 711 EAST 38TH STREET
 HIALEAH FL 33013~~

Name

RICHARD W. GANT

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

3400 OCEAN BEACH BLVD STE. #610

City

COCOA BEACH

FL

Zip Code

32931

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.

RICHARD W. GANT

PRESIDENT

3-7-01

(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, 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
**PST
 GANT, RICHARD
 2400 BRICKELL AV, 107D
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
**VD
 GANT, RICHARD
 2400 BRICKELL AV, 107D
 MIAMI FL** ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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:

Richard W. Gant, pres.

3-7-01

305-588-3268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0147443

CR2E034 (10/00)