2002 UNIFORM BUSINESS REPORT (UBR)

P00000070137 **DOCUMENT #** 1. Entity Name L & R CARGO, INC. Principal Place of Business Mailing Address 8232 NW 68 STREET 8232 NW 68 STREET MIAMI FL 33166

FILED Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90088 041 ***150.00

MIRMI PL 3310	90 ,			WINNI IE ODIOO							
2. Principal Place of Business				3. Mailing Address				 	I UBIIK UDIAI IEA	 	#
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State				City & State			4. 1	4. FEI Number 65-1026032			pplied For at Applicable
Zip	Country			Zip	Country		5. (Certificate of Status Desired		8.75 Add ee Require	
	and Address o	f Current Reg	istered Agent			7. 1	Name and Address of New R	egistered A	gent		
				<u>=</u>		Name	·				
LEON, RICARDO						Street Address (P.O. Box Number is Not Acceptable)					
8232 NW		Ţ.					·				
Miami Fl	33166										
						City			FL	Zip Code	е
8. The above	named entit	y submits this sta	atement for the	e purpose of changing it	s register	ed office or reg	gistered ag	gent, or both, in the State of Flo	rida.		
SIGNATURE .	Signature, typed	or printed name of reg	 istered agent and t	tte if applicable. (NO	TE: Registere	ed Agent signature re	equired when re	einstating)	DATE		
FUE NOWWE FEE I						10 64 50 00					, <u>.</u>
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After May 1, 200							00	10. Election Campaign Fin			0 May Be
Tax filing requirement and elects to do so. (See criteria on back)				After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Contribution	n. 🗆	Added	to Fees
					12.			<u> </u> DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11
11.	OFFICERS AND DIRECTORS Delete							DEMONS/OFFANGES TO STA		Change	Addition
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CITY-ST-ZIP	<u>l</u> t "	*	41 1 2					440.07(0\%) EL 11.0000	l Accedence 1	ا جمله تمطلان ال	oformation
 13. Thereby (certify that th	ne information sui	oplied with thi	s filing does not qualify f	or the exe	emption stated	in Section	119.07(3)(i), Florida Statutes.	Hurther certi	ry triat t∩ e li	monnadon J

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 of justee 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:

Daytime Phone #