

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 044 ***150.00

DOCUMENT # **P02-000113991**

1. Entity Name

ARCARGO FORWARDERS & Consolidators, INC.



Principal Place of Business

**8228 NW 68 ST
MIAMI FL 33166**

Mailing Address

**8228 NW 68 ST
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

7105 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33144

4. FEI Number

75-3054906

Applied

Not Appl

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VELEZ WILLIAM E
10941 W OKEECHOBEE RD #101
HIALEAH GARDENS FL 33166**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE FEE IS \$15.00

AND MAY 1, 2003 FEE WILL BE \$15.00

State of Florida Department of Banking

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 Max
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE **DP** **VELEZ WILLIAM E.** ☐ Delete
NAME
STREET ADDRESS **8228 NW 68 ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** **VARGAS JOSE D.** ☐ Delete
NAME
STREET ADDRESS **8228 NW 68 ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

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

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

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12. 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Velez

4/24/03 (305) 226-3443

TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #