


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

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90062 015 ***150.00

DOCUMENT # P03000042286	
1. Entity Name U.A.S Cargo Enterprise, Corp.	

DO NOT WRITE IN THIS SPACE

40020737

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8160 Geneva Ct Suite, Apt. #, etc. Bldg A-104 City & State Doral, FL Zip 33166		3. Mailing Address 8160 Geneva Ct Suite, Apt. #, etc. Bldg A-104 City & State Doral, FL Zip 33166		4. FEI Number 35-2202421	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country Miami-Dade		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Castro, Carlos E
Street Address (P.O. Box Number is Not Acceptable)
8160 Geneva Ct Bldg A-104
City Doral, FL Zip Code 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Castro, Carlos E / P 8160 Geneva Ct Bldg A-104 Doral, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sagastegui Adoylas / VP 8160 Geneva Ct Bldg A-104 Doral, FL 33166	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/05.

(305) 436-8282.

Date

Daytime Phone #

CR2E034B (12/02)