

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012903
1. Entity Name
Northstar Cargo Services, Inc.

FILED
00 JUN 13 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3049 NW 107 Ave
Miami, FL 33172
Mailing Address
3049 NW 107 Ave
Miami, FL 33172

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0455099
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Rivera, Xavier I
3049 NW 107 Ave
Miami, FL 33172

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when relating)
DATE

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

FILE NOW!!! FEES IS \$150.00
APRIL MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include: Rivera, Xavier I (5770 NW 98 CT, Miami, FL); Rivera, Ana, E (5770 NW 98 CT, Miami, FL).

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes identification number 700003300267-9 and date -06/22/00-01006-011.

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/9/00
Daytime Phone #