

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066437

1. Entity Name

BALCARGO SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90005 040 ***150.00

Principal Place of Business

Mailing Address

4001 S OCEAN DRIVE J9
 HOLLYWOOD FL 33019

P.O. BOX 2355
 HALLANDALE FL 33008-2355
 US

2. Principal Place of Business

1800 NW 96 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0518795

Applied For

Not Applicable

Zip

33172

Country

Zip

Country

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

PEREZ, ALEJANDRO
4001 S OCEAN DRIVE J9
HOLLYWOOD FL 33019

Name

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

306 SE 4TH

City

DANIA

FL

Zip Code

33004

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
P
 NAME **PEREZ, ALEJANDRO**
 STREET ADDRESS **4001 S OCEAN DRIVE J9**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE Change Addition
 NAME
 STREET ADDRESS **306 SE 4TH**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

PEREZ, ALEJANDRO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 004-00001