

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90150 042 ***150.00

DOCUMENT # P97000045508

1. Entity Name
BALBOA INTERNATIONAL CARGO, INC.

Principal Place of Business
 1347 N W 88TH AVENUE
 #3
 MIAMI FL 33172
 US

Mailing Address
 9197 FOUNTAINBLEAU BLVD.
 #3
 MIAMI FL 33172-4314

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 226156
 Suite, Apt. #, etc.

City & State
MIAMI, Florida

Zip
33122

Country
U.S.A.

4. FEI Number **65-0753974**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

909809



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTRELLON, BLANCA L
9197 FOUNTAINBLEAU BLVD.
#3
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **Rodolfo U. Castellón**

Street Address (P.O. Box Number is Not Acceptable)
9197 Fontainebleau Blvd. #3

City **Miami** FL Zip Code **33172**

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 **Rodolfo U. Castellón** (Signature, typed or printed name of registered agent and title if applicable)

[Signature] (NOTE: Registered Agent signature required when terminating)

DATE **1-24-00**

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

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	VD	<input type="checkbox"/> Delete
NAME	CASTRELLON, RODOLFO U	
STREET ADDRESS	9197 FOUNTAINBLEAU BLVD.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRELLON, RODOLFO U.	
STREET ADDRESS	9197 Fontainebleau Blvd. #3	
CITY-ST-ZIP	Miami FL, 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 a address, with all other like, empowered.

SIGNATURE: *[Signature]* **Rodolfo Castellón** Date **1-24-00** Daytime Phone # **305-745-0341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)