

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90267 027 ***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
PO BOX 226156
MIAMI FL 33122

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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0753974**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRELLON, RODOLFO
9197 FOUNTAINBLEAU BLVD.
#3
MIAMI FL 33172

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.

Blanca Lourdes Della Sera Castellon **4-1-01**
 (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | P <input type="checkbox"/> Delete |
| NAME | CASTRELLON, RODOLFO U |
| STREET ADDRESS | 9197 FONTAINEBLEAU BLVD N 3 |
| CITY-ST-ZIP | MIAMI FL 33172 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | <i>Blanca Lourdes Della Sera Castellon</i> |
| STREET ADDRESS | <i>9197 Fontainebleau Blvd. # 3</i> |
| CITY-ST-ZIP | <i>Miami, Florida 33172</i> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| 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: *Rodolfo Castellon* **Rodolfo CASTRELLON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 **305-745-0315**
 Date Daytime Phone #

CR2E034 (10/00)