

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90167 020 ***150.00

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DOCUMENT # P98000022760

1. Entity Name
CARGO SYSTEMS INT'L, CORP.



Principal Place of Business
~~8211 NW 68 ST
MIAMI FL 33166~~

Mailing Address
~~8211 NW 68 ST
MIAMI FL 33166~~

2. Principal Place of Business
1426 NW 82 Ave

Suite, Apt. #, etc.

3. Mailing Address
1426 NW 82 Ave

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL


Zip
33126

Country
USA

Zip
33126

Country
USA

00001000



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0819695**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAMASIO, ANGELA C
4690 N.W. 102 AVE. #104
MIAMI FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Francisco J Nunez* **Francisco J Nunez President** **2/13/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	NUNEZ, FRANCISCO J	
STREET ADDRESS	9205 SW 182 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAMASIO, ANGELA C	
STREET ADDRESS	4690 N.W. 102 AVE. #104	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JAMES	
STREET ADDRESS	7380 CAMINO REAL	
CITY-ST-ZIP	MIAMI FL 33143-6870	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, FRANCISCO J	
STREET ADDRESS	9205 SW 10 TERR	
CITY-ST-ZIP	MIAMI, FL 33174	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco J Nunez* **Francisco J Nunez President** **2/13/03** **(305) 594-3304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)