Mar 10 00 10:28a Lazarus Corp Filing

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90022 001 ***150.00

DOCUMENT # P99000039104

1. Entity Name

CARGOSUR EXPRESS CORPORATION

Principal Place of Business	Mailing Address
4630 NW 102 Ave. Miami, Fl 33178	4630 NW 102 Ave. Miami, Fl 33178

825750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6992 NW 51 Street	6992 NW 51 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number 65-0916940 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Alfredo Francisco Franco Viteri
7925 NW 12 Street Suite 324
Miami, Florida 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12 Street

Suite 318

City Miami FL Zip Code 33126

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] 3/15/00
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. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T Alfredo Francisco Franco Viteri 4630 NW 102 Avenue ~~Miami, Florida 33178~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6992 NW 51 Street Miami, Florida 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: X [signature] 3/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #