

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90124 010 ***150.00

DOCUMENT # P98000073748

1. Entity Name
ARIEL CARGO EXPORT INC.

Principal Place of Business
9921 NW 80TH AVE. BAY 1-H
HIALEAH GARDENS FL 33016

Mailing Address
9921 NW 80TH AVE. BAY 1-H
HIALEAH GARDENS FL 33016

2. Principal Place of Business
1630 N.W. 108 AVE.
 Suite, Apt. #, etc.

3. Mailing Address
1630 N.W. 108 AVE.
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0863467**

Applied For
 Not Applicable

Zip
33172

Country

Zip
33172

Country

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

6. Name and Address of Current Registered Agent

ULLAURI, JULIO C
9911 W OCKEECHOBEE RD, STE 108
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
10131 W. OCKEECHOBEE RD. STE. #201
 City **HIALEAH GARDENS** **FL** Zip Code **33016**

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

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, 2002 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

TITLE **P** ☐ Delete
 NAME **ULLAURI, JULIO**
 STREET ADDRESS **9921 NW 80TH AVE., BAY 1H**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE **VP** ☐ Delete
 NAME **ULLAURI, ROSA**
 STREET ADDRESS **9921 NW 80TH AVE., BAY 1H**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 an address with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2002 305-597-7534
 Daytime Phone #

CR2E034 (9/01)