

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90259 017 ***150.00

0291096 AV

DOCUMENT # P01000066706

1. Entity Name
INTER-CARGO SOLUTION, CORP.

Principal Place of Business
11841 SW 180TH STREET
MIAMI FL 33177

Mailing Address
11841 SW 180TH STREET
MIAMI FL 33177

361435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11841 SW 180th STREET
 Suite, Apt. #, etc.
N/A

3. Mailing Address
11841 SW 180th STREET
 Suite, Apt. #, etc.
N/A

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1119504

Applied For
Not Applicable

Zip
33177

Country
U.S.A

Zip
33177

Country
U.S.A

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

6. Name and Address of Current Registered Agent

AGUILERA, CARLOS H
11841 SW 180TH STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name
N/A
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 *Carlos H. Aguilera* **CARLOS H. AGUILERA** **PD** **04-26-02**
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, 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
PD
NAME
AGUILERA, CARLOS H
STREET ADDRESS
11841 SW 180TH STREET
CITY-ST-ZIP
MIAMI FL 33177

TITLE
VD
NAME
OCHOA, ANA LETICIA
STREET ADDRESS
11841 SW 180TH STREET
CITY-ST-ZIP
MIAMI FL 33177

TITLE
TSD
NAME
AGUILERA, JOSE CARLOS
STREET ADDRESS
11841 SW 180TH STREET
CITY-ST-ZIP
MIAMI FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: *Carlos H. Aguilera* **CARLOS H. AGUILERA** **04-26-02** **(305) 378 5223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)