

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90182 004 ***150.00

DOCUMENT # L72525

1. Entity Name
CENTRAL CARGO CORPORATION



Principal Place of Business
% AURELIO ESTRADA
5459 NW 72ND AVE
MIAMI FL 33166

Mailing Address
% AURELIO ESTRADA
5459 NW 72ND AVE
MIAMI FL 33166

2. Principal Place of Business
9900 N.W. 25 ST
Suite, Apt. #, etc.

Mailing Address
P.O. Box 52-6324
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33172 **Country**
USA

Zip
33152-6324 **Country**
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0326821**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRADA, AIDA
5459 NW 72ND AVE
MIAMI FL 33166

Name

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

9900 N.W. 25 ST
Miami FL 33172

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **ESTRADA, AIDA**
STREET ADDRESS **5459 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)