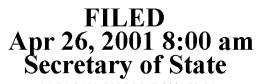
| 2901 | UNIFORM | BUSINESS | REPORT | (UB |
|------|---------|----------|--------|-----|
| | | | | |

DOCUMENT # 651675

| CARGOZA FORWARDING CORPO | RATION |
|---|---|
| Principal Place of Business | Mailing Address |
| 2801-NW-74TH-AVE -STE-202- MIAMI-FL-33122 US-" | 2801-NW-74TH-AY E STE-202- MIAMI-FL-33122 US |
| 2. Principal Place of Business 1141 ORIOLE AVENUE | 3. Mailing Address P.O.BOX 661275. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 0 | A |



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| Suite, Apt. # | #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE | | | E IN THIS | SPACE | | |
|---|-----------------------------|---|--|---|---|---------------|----------------------------------|------------------|-----------------------|---------|----------|
| City & State MIAMI SPRINGS FLORIDA. | | City & State MIAMI SPRINGS FLORIDA | | 4 . F | 4. FEI Number 59-1951355 | | | Applie Not Ap | ed For | | |
| 33166 | | Country DADE. | Zip Count 33266 DAD | | / | 5. C | ertificate of Status Desired | | \$8.75 Fee Rec | | nal |
| Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| ZAMORA, YOLANDO YOLANDA D.ZAMORA 2861 NW 74TH AVE #202 MIAMI SPRINGS FL 33122 MIAMI SPRINGS FL. 33166 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | | , 1 | Zip | Code | | |
| 8. The above r | named entity | y submits this statement fo | r the purpose of changing its | register | ed office or re | egistered age | ent, or both, in the State of Fl | orida. | | | |
| 9. This corpor | ration is elig | or printed name of registered agent a ible to satisfy its Intangible and elects to do so. | | !!! FEE | |) | 10. Election Campaign Fi | | | 55.00 (| May Be |
| (See criteri | | | Make Check Payal | | • | | Trust Fund Contribution | n. | □ À | dded to | Fees |
| 11. | | OFFICERS AND | DIRECTORS | 12. | | AD | DITIONS/CHANGES TO OFF | ICERS A | ND DIREC | TORS IN | 111 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1141 OR | , IVANNIA R IOLE AVENUE PRINGS FL 33166 | Delete | | - 1 | | | | ☐ Cha | inge [| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1141 OR | , YOLANDA IOLE AVE. PRINGS FL | ☐ Delete | | I | | | | ☐ Cha | inge [| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | 3 | | | | | ☐ Cha | inge [| Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | 1 | | | | | ☐ Cha | inge [| Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | ☐ Delete | 2 | 1 | | | | . Cha | ange [| Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | ove if the state of | o information | ☐ Delete This filing does not qualify for | CIT | ME REET ADDRESS Y-ST-ZIP | | ALO GIGOVO FILLIO | | ` □ Ch | | Addition |

Interest certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.