

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91502 032 \*\*\*150.00

**DOCUMENT # 651675**

1. Entity Name  
**CARGOZA FORWARDING CORPORATION**

Principal Place of Business  
**1141 ORIOLE AVENUE**  
**MIAMI SPRINGS FL 33166**  
**US**

Mailing Address  
**P O BOX 661275**  
**MIAMI SPRINGS FL 33266**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1951355**

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

**ZAMORA, YOLANDA**  
**1141 ORIOLE AVE**  
**MIAMI FL 33166**

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP** ☐ Delete  
NAME **ZAMORA, IVANNIA R**  
STREET ADDRESS **1141 ORIOLE AVENUE**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

TITLE **PD** ☐ Delete  
NAME **ZAMORA, YOLANDA**  
STREET ADDRESS **1141 ORIOLE AVE.**  
CITY-ST-ZIP **MIAMI SPRINGS FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

*Yolanda D. Zamora*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#651675  
7100917

MAY 6, 2002

Department of State  
Division of corporations  
P O Box 6327  
Tallahassee, FL 32314

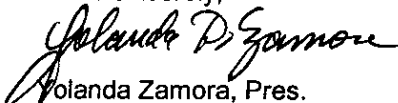
RE: 2002 annual report filing

Dear sir/madam:

Enclosed is my annual report for the year 2002. I want to request that you  
Please accept my check for \$150.00 due to the fact that I was out of the country  
due to my husband illness from March 19 to May 4, 2002. He was visiting family  
and got very ill.

When I came back I realized I had not sent the report. Thank you very much  
for your understanding.

Yours sincerely,



Yolanda Zamora, Pres.  
Cargoza forwarding Corp.  
1141 Oriole Avenue  
Miami Springs, FL 33166