

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-06-2002 90150 023 ***158.75

DOCUMENT # F00000007084

1. Entity Name

CARGO TRANSPORT FLA., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8579 NW 72 STREET

3. Mailing Address
8579 NW 72 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-1058485

Applied For

Not Applicable

Zip
33166

Country
US

Zip
33166

Country
US

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

7. Name and Address of Current Registered Agent

Name
JARMAN, ROGER D.

Street Address (P.O. Box Number is Not Acceptable)
8579 NW 72 STREET

City **MIAMI**

FL

33166

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PS
JARMAN, ROGER D.
1110 ROBIN AVENUE
MIAMI SPRINGS, FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
AMENGUAL MILTON
15961 SW 5TH STREET
PEMBROKE PINES, FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
MOORE, MICHAEL C.
33 PEMBROKE
CHARLES TOWN, WV**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

CR2E034B (12/01)