

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90225 029 ***158.75

DOCUMENT # F98000000772

1. Entity Name
BARGE BULK TRANSPORT, INC.



Principal Place of Business
**BOX 366297
SAN JUAN PR 00936**

Mailing Address
**BOX 366297
SAN JUAN PR 00936**

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 **66-0389260**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSTILLO, PEDRO
6138 NW 113 PLACE
MIAMI FL 33178**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
NAME **CARVAJAL CUERVO, JOSE I**
STREET ADDRESS **CALLE JEAN F-5 VISTAMAR MARINA**
CITY-ST-ZIP **CAROLINA PR**

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

TITLE **VD** ☐ Delete
NAME **CARVAJAL ZARABOZO, JOSE I**
STREET ADDRESS **CALLE KRUG #54 APT 1**
CITY-ST-ZIP **CONDADO PR**

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

TITLE **TD** ☐ Delete
NAME **PEREZ, WILFREDO**
STREET ADDRESS **902 PONCE DE LEON, CONDO MIRAMAR APT. 1005**
CITY-ST-ZIP **MIRAMAR PR 00907**

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

TITLE **SD** ☐ Delete
NAME **CARVAJAL, IAN P**
STREET ADDRESS **COND MIRA FLORES 2008 CALLE SAGARDO**
CITY-ST-ZIP **SANTURCE PR**

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

TITLE **ATD** ☐ Delete
NAME **LOPEZ, ANIBAL**
STREET ADDRESS **CALLE NEBRASKA R-11 URB. MALLORCA**
CITY-ST-ZIP **GUAYNABO PR 00969**

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

TITLE **D** ☐ Delete
NAME **PEREZ, ALINA**
STREET ADDRESS **CALLE GRANADA 15-4 TORRIMAR**
CITY-ST-ZIP **GUAYNABO PR**

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

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: WILFREDO PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 **(787) 783-4747**
Date Daytime Phone #

CR2E034 (10/02)