

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90148 026 \*\*\*150.00

**DOCUMENT # K72185**

**1. Entity Name**  
**SPEED CARGO SERVICE, INC.**

**Principal Place of Business**

**7500 MW 81 PL**  
**SUITE 1 & 2**  
**MIAMI FL 33166**  
**US**

**Mailing Address**

**7500 MW 81 PL**  
**SUITE 1 & 2**  
**MIAMI FL 33166**  
**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**

**65-0107568**

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**

**PAZ, NESTOR**  
**7500 NW 81 PL**  
**SUITE 1 & 2**  
**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 ☐ Delete  
 NAME **DPT PAZ, NESTOR**  
 STREET ADDRESS **3051 SW 114TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☒ Change ☐ Addition  
 NAME **6865 SW 98 STREET**  
 STREET ADDRESS **MIAMI, FLORIDA 33156**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DVS RICE, CARLOS**  
 STREET ADDRESS **8578 SW 113 PL**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Change ☐ Addition  
 NAME **13771 NW 21 STREET**  
 STREET ADDRESS **PEMBROKE PINES, FL 33028-2687**  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **V RODRIGUEZ, ALBERTO A**  
 STREET ADDRESS **15315 SW 73 TERRACE, CIR 7**  
 CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **V FRANCISCO J. GIL**  
 STREET ADDRESS **5890 NW 38 STREET, MIAMI, FL 33166**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02 305-477-8030**  
 Date Daytime Phone #

CR2E034 (9/01)