

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007607

1. Entity Name
PROFITCARGO, L.L.C.

FILED

01 MAY 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
50020 BRICKELL KEY DRIVE, STE. 602
MIAMI FL 33131

Mailing Address
50020 BRICKELL KEY DRIVE, STE. 602
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

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

65-1020413

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONCAYO, SANTIAGO
50020 BRICKELL KEY DRIVE, STE. 602
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MONCAYO, SANTIAGO
50020 BRICKELL KEY DRIVE, STE. 602
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004416116-8
-06/12/01--01062--014
*****50.00 *****50.00 ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tan/11/01 (305) 358-0893

Date

Daytime Phone #

CR20083 (11/00)