

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90224 041 \*\*\*\*50.00

94262

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000006040

1. Entity Name

~~HAZMAT CONSULTANTS LLC.~~

*Infinite Cargo Solutions LLC*

Principal Place of Business

14798 SW 142 ST  
 MIAMI FL 33196

Mailing Address

14798 SW 142 ST  
 MIAMI FL 33196

2. Principal Place of Business

*Same*  
 Suite, Apt. #, etc.  
*Same*  
 City & State

3. Mailing Address

*8611 NW 54 Street*  
 Suite, Apt. #, etc.

City & State

*MIAMI FL 33166*  
 Zip Country

4. FEI Number

*522328096*

Applied For  
 Not Applicable

6. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

5. Name and Address of Current Registered Agent

WILLIAMS, ROGER K  
 14798 SW 142 ST  
 MIAMI FL 33196

7. Name and Address of New Registered Agent

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE *MANAGER OPERATOR*  
 NAME *SEAN GONSAIVES*  
 STREET ADDRESS *13740 SW 284 ST*  
 CITY-ST-ZIP *HOME STAD FL 33033*

TITLE *MANAGER OPERATOR*  
 NAME *LEON S. WILLIAMS*  
 STREET ADDRESS *2501 NE 207 ST*  
 CITY-ST-ZIP *AVENTURA 33180*

TITLE *MANAGER*  
 NAME *ROGER K. WILLIAMS*  
 STREET ADDRESS *14798 SW 142 ST*  
 CITY-ST-ZIP *MIAMI FL 33196*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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TITLE  
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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

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

**SIGNATURE REQUIRED**

*4-29-02*

*386-5869601*

Date

Daytime Phone #

CR2E083 (9/01)