2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 07, 2002 8:00 am Secretary of State DOCUMENT # L 01000020703 INTERNATIONAL PRO CARGO, LLC 05-07-2002 90390 033 ****50.00 Principal Place of Business Mailing Address 2520W 785T, BAYA5 2520W 785T, BAY 45 HIALEAH, FL, 33016 HIATEAH FL 33016 955917 2. Principal Place of Business 3. Mailing Address 2520 NEST 185T 2520 WEST DO NOT WRITE IN THIS SPACE 4. FEI Number HIALEAH, Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOVAR DEL-CORRAL, JOSE 6 .-8180 NW 365T MIAMI, FL33166 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida G. TOVAR DELCORRA 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE(IS \$450.00) Tax filing requirement and elects to do so. 10. Election Campaign Financing 3 a After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MGRH TITLE ☐ Delete TITLE LA FONTAINE, PAUL 304 CONSERVATION DRIVE WESTON, FL 33327 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition YENEZ, SERGIO NAME NAME STREET ADDRESS 304 CONSERVATION DRIVE STREET ADDRESS CITY-ST-ZIP STOM , FL 33327 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME MONROY, MARCOS 195 LAKEVIEW DEIZE #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTON, FL 33376 CITY-ST-ZIP TITLE Delete TITLE CONTALEZ ORLANDO 195 LAKÉVIEW DEIVE #102 WESTON FL 33376 ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachmental report. AUL LAFONTAIN MGRM SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone