

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L21589**

1. Entity Name

MODERN CARGO SERVICES INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90146 050 ***150.00

Principal Place of Business

**11800 NW 100TH ROAD
SUITE 5
MEDLEY FL 33178**

Mailing Address

**11800 NW 100TH ROAD
SUITE 5
MEDLEY FL 33178****00047601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11265 N.W. 131ST ST.

Suite, Apt. #, etc.

3. Mailing Address

11265 N.W. 131ST ST

Suite, Apt. #, etc.

City & State

MEDLEY, FLA

City & State

MEDLEY, FLA

4. FEI Number

65-0180559

Applied For

Not Applicable

Zip

33178

Country

DADE

Zip

33178

Country

DADE5. 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

**ARRAZOLA, ARNOLD E
11800 NW 100TH ROAD
SUITE 5
MEDLEY FL 33178**

Name

11265 N.W. 131ST ST SAME

Street Address (P.O. Box Number is Not Acceptable)

11265 N.W. 131ST ST

City

MEDLEY**FL**

Zip Code

33178

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARRAZOLA, ARNOLD E	
STREET ADDRESS	725 NW 133RD CT	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)