

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90071 016 ***150.00

0260073 AV

DOCUMENT # L39018

1. Entity Name
DIMAR INTERNATIONAL CARGO, CORP.



Principal Place of Business

~~8333 NW 66TH ST~~
~~MIAMI FL 33166~~
~~US~~

Mailing Address

PO BOX 522477
MIAMI FL 33152-2477
US

2. Principal Place of Business

8217 NW 66 STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-0191994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MARMOLEJOS, RAFAEL A.
2563 WEST 60TH PLACE
HIALEAH FL 33016

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARMOLEJOS, RAFAEL A.**
STREET ADDRESS **2563 W 60 PL**
CITY-ST-ZIP **HIALEAH FL**

TITLE **VD** ☐ Delete
NAME **MARMOLEJOS, NORMA I.**
STREET ADDRESS **2563 W 60 PL**
CITY-ST-ZIP **HIALEAH FL**

TITLE **SD** ☐ Delete
NAME **MARMOLEJOS, ELSIE DEL P.**
STREET ADDRESS **2563 W 60 PL**
CITY-ST-ZIP **HIALEAH FL**

TITLE **TD** ☐ Delete
NAME **MARMOLEJOS, FEDERICO A.**
STREET ADDRESS ~~2563 W 60 PL~~
CITY-ST-ZIP ~~HIALEAH FL~~

TITLE **OF** ☐ Delete
NAME ~~MARMOLEJOS, RAFAEL A.~~
STREET ADDRESS ~~2563 W 60 PL~~
CITY-ST-ZIP ~~HIALEAH FL 33016~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3441 SW 142 AVENUE**
CITY-ST-ZIP **MIRAMAR, FL. 33027**

TITLE **D** ☐ Change ☐ Addition
NAME **MARMOLEJOS, RAFAEL**
STREET ADDRESS **3678 DERBYS SHIRE RD. APT. 110**
CITY-ST-ZIP **CASSELBERRY, FL. 32707**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rafael A. Marmolejos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 *(301) 477-2472*
Date Daytime Phone #

CR2E034 (10/02)