

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90053 019 ***150.00

DOCUMENT # L59114

1. Entity Name

RAILCO U.S.A. INC.

Principal Place of Business

Mailing Address

1545 W. 35TH PLACE
 HIALEAH FL 33012
 US

1545 W. 35TH PLACE
 HIALEAH FL 33012
 US

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

65-0198409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00036032



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAGUNDO, LENNY G.
1545 W. 35TH PL.
HIALEAH FL 33012

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

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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FAGUNDO, LENNY G.	
STREET ADDRESS	11405 SW 64 ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CEPEDA GUSTAVO	
STREET ADDRESS	3675 W. 11 AVE. # 203	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input checked="" 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"/> Change <input type="checkbox"/> Addition
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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: Lenny Fagundo **LENNY FAGUNDO**
 PRESIDENT

04/01/2001
 Date

(305) 823-2625
 Daytime Phone #

CR2E034 (10/00)