

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

07-21-2005 90026 030 ***150.00



1st MOORE CR2E034 (10/04)

DOCUMENT # L73013 1. Entity Name U.R.M. CARGO SERVICES INC.					
Principal Place of Business % MAYRA F. AMENEIRO POST OFFICE BOX 522973 MIAMI FL 33152-9973			Mailing Address % MAYRA F. AMENEIRO POST OFFICE BOX 522973 MIAMI FL 33152-9973		
2. Principal Place of Business 8061 N.W. 67 Street		3. Mailing Address 8061 N.W. 67 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami - FLA		City & State Miami - FLA		4. FEI Number 65-0199250 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip 33166 Country USA		Zip 33166 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMENEIRO, MAYRA F. 3718 SW 92ND AVE MIAMI FL 33165			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT <input type="checkbox"/> Delete AMENEIRO, MAYRA F 3718 SW 92ND AVE MIAMI FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MAYRA AMENEIRO			Date 07/18/05 (305) 593-8440 <small>Daytime Phone #</small>		



ATTACHMENT
ATTACHMENT

F.M.C. 3417

Tel.: (305) 593-8440 • Fax: (305) 593-8439

August 15, 2005

FLORIDA DEPARTMENT OF STATE
ATTN: GLENDA E. HOOD
P.O.BOX 6327
TALLAHASSEE, FLORIDA 32314

REF: L73013

Please note by means of this letter we hereby certify that the FIRST NOTICED of our annual report/uniform 2005 business report was NEVER RECEIVED.

I KINDLY REQUEST THAT OUR LATE FEE BE
WAIVED.

PLEASE CALL OUR OFFICE SHOULD YOU HAVE
ANY QUESTIONS, I AM RE SUBMITTING OUR
FORM.

PLEASE NOTE WE HAD CANCELLED OUR P.O.BOX
AND NO LONGER RECIVE MAYL AT THAT
LOCATION, I HAVE INDICATED OUR ADDRESS
ON SECTION 2.

Thanking you in advance for the kind attention and
courtesy

Mayra Ameneiro
President

U.R.M. CARGO SERVICES, INC



ATTACHMENT

66075914

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 25, 2005

U.R.M. CARGO SERVICES INC.
8061 NW 67 STREET
MIAMI, FL 33166

Subject: U.R.M. CARGO SERVICES INC.

Reference Number: L73013

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314