

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87652

1. Entity Name

AMERICARGO INTERNATIONAL, INC.

Principal Place of Business

7792 NW 71 STREET
MIAMI FL 33166
US

Mailing Address

7792 NW 71 STREET
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLERENA, WILLIE

~~8375 LAKE DR G-401~~ 8380 N.W. 103 ST UNIT 203
~~MIAMI FL 33166~~ HIALEAH GARDENS, FL 33016

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 DPST
NAME LLERENA, WILLIE
STREET ADDRESS ~~8375 LAKE DR G-401~~ 8380 N.W. 103 ST UNIT 203
CITY-ST-ZIP ~~MIAMI FL~~ HIALEAH GARDENS, FL 33016 ☐ Delete

TITLE VP
NAME ~~CZERNIEJEWSKI, LARRY~~
STREET ADDRESS ~~1380 KENDALE LAKES DR~~
CITY-ST-ZIP ~~MIAMI FL~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ADDRESS OF REGISTERED AGENT
NAME
STREET ADDRESS 8380 N.W. 103 ST UNIT 203
CITY-ST-ZIP HIALEAH GARDENS, FL 33016 ☒ Change ☐ Addition

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

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

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

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

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

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 #

WILLIE LLERENA PRESIDENT 4-27-01 305 994-7744

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90295 003 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0060341

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0208376