

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 043 ***150.00

DOCUMENT # P00000042720

1. Entity Name

HELICARGO TRADING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7370 NW. 36 STREET

3. Mailing Address

7370 NW. 36 STREET

Suite, Apt. #, etc.

105 G

Suite, Apt. #, etc.

105 G

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1007403

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AMARANTA TABLADA

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

1735 SW. 15 STREET

City

MIAMI

FL

Zip Code

33145

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature] 4/27/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and effects to do so.
(See criteria on back)

☒

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
AMARANTA TABLADA
1735 SW. 15 STREET
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

AMARANTA TABLADA

Date

4/27/02

Daytime Phone #

(305) 436-2258