

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90278 010 ***150.00

DOCUMENT # **P00000046500**

1. Entity Name

GENERAL CARGO, INC

Principal Place of Business

Mailing Address

**2333 BRICKELL AVE
 MEZZANINE SUITE
 MIAMI, FL 33129**

SAME

768539

2. Principal Place of Business

8515 N.W. 29 STREET

3. Mailing Address

P.O. BOX 524455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1013517

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33152

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARHAD HAKEK
 2333 BRICKELL AVE.
 MEZZANINE SUITE
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

ERNESTO N. BARVO

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

8515 N.W. 29 STREET

City

MIAMI

FL

Zip Code

33122

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

4/23/01

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 **P/D** ☐ Delete
 NAME **PRESIDENT/DIRECTOR**
 STREET ADDRESS **MAURICIO DAZ**
 CITY-ST-ZIP **CRA. 98 No 42A-41 BOD 24 BOGOTA COLOMBIA**

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

TITLE **V/D** ☐ Delete
 NAME **VICE PRESIDENT/DIRECTOR**
 STREET ADDRESS **ERNESTO BARVO**
 CITY-ST-ZIP **CRA. 98 No. 42A-41 BOD 24 BOGOTA COLOMBIA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

(ERNESTO BARVO)

Date

4/23/01 (305) 406-2640

Daytime Phone #

CR2E034 (11/00)