

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90074 043 ***150.00

0241887 AV

DOCUMENT # P00000046500

1. Entity Name
GENERAL CARGO, INC.

Principal Place of Business

**8515 NW 29 ST
 MIAMI FL 33122**

Mailing Address

**PO BOX 524455
 MIAMI FL 33152**

2. Principal Place of Business

2005 NW 70 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33122

Country

USA

Zip

Country

4. FEI Number

65-1013517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BARVO, ERNESTO N
 8515 NW 29 ST
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

2005 NW 70TH AVENUE SUITE 106

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

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **DAZA, MAURICIO**
 STREET ADDRESS **CRA. 98 NO. 42A-41, BOD. 24**
 CITY-ST-ZIP **BOGOTA, COLOMBIA**

TITLE **VPD** ☐ Delete
 NAME **BARVO, ERNESTO**
 STREET ADDRESS **CRA. 98 NO. 42A-41, BOD. 24**
 CITY-ST-ZIP **BOGOTA, COLOMBIA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/02

Date

(305) 4062640

Daytime Phone #

CR2E034 (9/01)