

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90562 032 ***150.00

DOCUMENT # P01000011266

1. Entity Name
MIAMI CARGO LOGISTICS, INC.

Principal Place of Business
9700 HAMMOCKS BLVD SUITE 101
MIAMI FL 33196

Mailing Address
9700 HAMMOCKS BLVD SUITE 101
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7370 N.W. 36th street

3. Mailing Address
7370 NW 36th street

Suite, Apt. #, etc.
319-I

Suite, Apt. #, etc.
319-I

City & State
Miami

City & State
Miami

4. FEI Number
65-1072135

Applied For
☐ Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL CARMEN COTO, MARIA
9700 HAMMOCKS BLVD SUITE 101
MIAMI FL 33196

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **DEL CARMEN COTO, MARIA**
 STREET ADDRESS **9700 HAMMOCKS BLVD SUITE 101**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **V.T.** ☐ Change ☒ Addition
 NAME **Luis Francisco Gomez**
 STREET ADDRESS **9700 Hammocks BLVD SUITE 101**
 CITY-ST-ZIP **Miami FL 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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: **Maria Coto** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 305-500-9044

Date Daytime Phone #

CR2EC34 (9/01)