2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90172 009 ***150.00

DOCUMENT # P01000015934

1. Entity Name
COBY CARGO, INC.

Principal Place of Business	Mailing Address
15862 NW 11TH STREET PEMBROKE PINES FL 33028	15862 NW 11TH STREET PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7858 N.W. 71st st	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miami fl	City & State:
Zip: 33166 Country: USA	Zip: Country:

4. FEI Number: 65- 1075155 ☐ Applied For ☐ Not Applicable

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
BAUMAN, DAVID M ESQ. 7119 W. BROWARD BLVD. PLANTATION FL 33317	Name: John H olinto Street Address (P.O. Box Number is Not Acceptable): 7858 N.W. 71st street City: miAmi FL Zip Code: 33166

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 x [signature] 3/6/02
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 NAME STREET ADDRESS CITY-ST-ZIP	VP OLINTO, CAMILLE R 15862 NW 11TH STREET PEMBROKE PINES FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7858 N.W. 71 street miAmi, fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLINTO, JOHN H 15862 NW 11TH STREET PEMBROKE PINES FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7858 N.W. 71 street miAmi, fl 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: x [signature] 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)