

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91230 012 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000026647			
1. Entity Name CARGOPACK, CORP.			
Principal Place of Business 8368 NW 66 ST MIAMI FL 33166		Mailing Address 8368 NW 66 ST MIAMI FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
E & V GREAT PROFESSIONAL, INC. 5545 SW 8 ST STE 107 MIAMI FL 33134		Name <u>URDANETA, JUAN ANTONIO</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>8368 NW 66 ST</u>	
		City <u>MIAMI</u>	FL Zip Code <u>33166</u>
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <u>Juan Urdaneta</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div> <div>DATE <u>4-11-02</u> <small>(NOTE: Registered Agent signature required when reinstating)</small></div> </div>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	URDANETA, JUAN ANTONIO		
STREET ADDRESS	8368 NW 66 ST		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
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: Juan Urdaneta **04-11-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)