

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 047 ***150.00

DOCUMENT # P01000028921
1. Entity Name
ROYAL CARGO LINE

DO NOT WRITE IN THIS SPACE

B0058787

2. Principal Place of Business
1936 NW 82 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1936 NW 82 AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-1086542

Applied For
 Not Applicable

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

33126 Country **USA** 33126 Country **USA**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CHARLIE DIAZ**

Street Address (P.O. Box Number is Not Acceptable)
1936 NW 82 Avenue

City **MIAMI** State **FL** Zip Code **33126**

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 *Charlie Diaz*
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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CHARLIE DIAZ 1936 NW 82 AVENUE MIAMI, FL. 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICEPRESIDENT CLAUDIA QUINTERO 1936 NW 82 AVENUE MIAMI, FL. 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlie Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #