

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90088 015 \*\*\*150.00

**DOCUMENT # P01000038946**

**1. Entity Name**  
**FUNES CARGO INTERNATIONAL CORP.**

**Principal Place of Business**  
**9010 SW 137 AVENUE SUITE 206**  
**MIAMI FL 33185**

**Mailing Address**  
**9010 SW 137 AVENUE SUITE 206**  
**MIAMI FL 33185**

**2. Principal Place of Business**  
**1550 BRICKELL AVE**  
**Suite, Apt. #, etc.**  
**409 B**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**MIAMI**

**City & State**

**4. FEI Number**  
**65-1102112**

**Applied For**  
**Not Applicable**

**Zip**  
**FLORIDA**

**Country**  
**USA**

**Zip**

**Country**

**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**

**GUZMAN, MARIO I**  
**9010 SW 137 AVENUE SUITE 206**  
**MIAMI FL 33185**

**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** **PD** ☐ **Delete**  
**NAME** **FUNES, MARTIN GERARDO**  
**STREET ADDRESS** **25 DE MAYO 168 3RD FLOOR APT 25**  
**CITY-ST-ZIP** **BUENOS AIRES ARGENTINA 1002**

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

**TITLE** **SD** ☒ **Delete**  
**NAME** **FUNES, JORGE HECTOR**  
**STREET ADDRESS** **25 DE MAYO 168 3RD FLOOR APT 25**  
**CITY-ST-ZIP** **BUENOS AIRES ARGENTINA 1002**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME** **V.P. HERNAN CABRERA**  
**STREET ADDRESS** **25 DE MAYO 168 3RD FLOOR APT. 25**  
**CITY-ST-ZIP** **BUENOS AIRES - ARGENTINA**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME** **SECRETARY FUNES, MARTIN GERARDO**  
**STREET ADDRESS** **25 DE MAYO 168 3RD FLOOR APT. 25**  
**CITY-ST-ZIP** **BUENOS AIRES - ARGENTINA**

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**STREET ADDRESS**  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/02** **305 860 3639**  
Date Daytime Phone #

CR2E034 (9/01)