

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 011 ***150.00

DOCUMENT # P01000052591

1. Entity Name

E-CONSOLIDATION CARGO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17467 SW 28 CT

Suite, Apt. #, etc.

3. Mailing Address

17467 SW 28 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miramar, FL

Zip

33029

Country

US

City & State
Miramar, FL

Zip

33029

Country

US

4. FEI Number

65-1121661

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jorge N Vaca

Street Address (P.O. Box Number is Not Acceptable)

17467 SW 28 CT

City

Miramar

FL

Zip Code
33029

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 reappointing)

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/Secretary
Jorge N Vaca
17467 SW 28 CT
Miramar, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied on 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 the power empowered.

SIGNATURE:

JORGE N. VACA

04-23-02

(954) 3282719

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)