

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

DOCUMENT # *P01000055118*

1. Entity Name

DE HOYOS INTERNATIONAL CARGO CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 226708

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33122-6708

Country

Zip

Country

4. FEI Number

65-1108768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Inocente de HOYOS*

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

7225 N.W. 25 ST SUITE #300

City *Miami FL*

FL

Zip Code
33122

**DO NOT WRITE
IN THIS SPACE**

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]
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-STATE-ZIP
*Off
Inocente de HOYOS
P.O. BOX 226708
Miami, FL 33122-6708*

TITLE
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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, as empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

FILED

02 JUL -5 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/19/02--01058--013

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

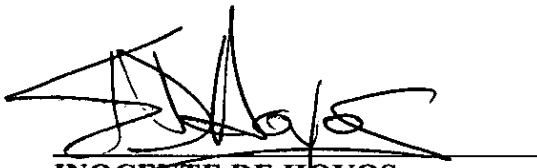
CR2E034B (12/01)

2012

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **DE HOYOS INTERNATIONAL CARGO, INC.**
Thank you for your courtesy in this matter.



INOCENTE DE HOYOS
PRESIDENT