

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0075698  
AV

DOCUMENT # P01000057070

1. Entity Name

SANGOSTIEN CARGO LINES (USA), INC.



FILED

04 MAR -1 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

13368 N W 7TH STREET  
PLANTATION FL 33325

Mailing Address

13368 N W 7TH STREET  
PLANTATION FL 33325

2. Principal Place of Business

3627 DAVIE BLVD  
Suite, Apt. #, etc.

3. Mailing Address

3627 DAVIE BLVD  
Suite, Apt. #, etc.

REINSTATEMENT 03-04  
CHECK HERE IF MAKING CHANGES

City & State

FT LAUDERDALE, FL  
Zip 33313 Country BROWARD

City & State

FT LAUDERDALE, FL  
Zip 33312 Country BROWARD

4. FEI Number 65-1110776

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VERNON, COURTNEY  
13368 N W 7TH STREET  
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3627 DAVIE BLVD  
City FT LAUDERDALE FL Zip Code 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 ✓

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	VERNON, COURTNEY	
STREET ADDRESS	13368 N W 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	VERNON, SHARON	
STREET ADDRESS	13368 N W 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3627 DAVIE BLVD	
STREET ADDRESS	FT LAUDERDALE, FL 33312	
CITY-ST-ZIP		
TITLE	400023443374	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	03/30/03--01041--008 **250.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400023443374	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	03/20/03--01041--008 **500.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400023443374	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	03/09/04--01042--022 **500.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400023443374	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	03/09/04--01042--023 **250.00	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)