

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 044 ***158.75

DOCUMENT # P01000063348

1. Entity Name

CARGO & PURCHASING MANAGEMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~3859 SAN SIMEON CIRCLE~~

~~3859 SAN SIMEON CIRCLE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL. 33331

City & State

WESTON, FL. 33331

4. FEI Number

65-1129866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ECHEVARRIA, MIGUEL

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

3859 SAN SIMEON CIRCLE

City

WESTON

FL

Zip Code
33331

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

4-19-02

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
D
ECHEVARRIA, MIGUEL
3859 SAN SIMEON CIRCLE
WESTON, FL. 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONTANEZ, SONIA
3859 SAN SIMEON CIRCLE
WESTON, FL. 33331

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

Daytime Phone #

CR2E034B (12/01)