

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91599 027 ***150.00

DOCUMENT # P01000068046

1. Entity Name
CARGONZA TRADING, INC.

Principal Place of Business
2110 WEST OAKRIDGE RD., #D
ORLANDO FL 32809

Mailing Address
2110 WEST OAKRIDGE RD., #D
ORLANDO FL 32809

2. Principal Place of Business
5715 Bent Pine Dr #102
 Suite, Apt. #, etc. **102**

3. Mailing Address
5715 Bent Pine Dr #102
 Suite, Apt. #, etc. **102**

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
YH 59-3731817

Applied For
 Not Applicable

Zip
32822 Country
USA

Zip
32822 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

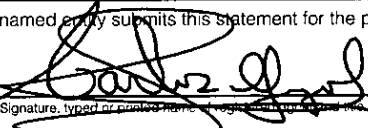
6. Name and Address of Current Registered Agent

GONZALEZ, CARLOS
2110 WEST OAKRIDGE RD., #D
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name **Carlos Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
5715 Bent Pine Dr #102
 City **Orlando** **FL** Zip Code **32822**

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  **4-11-2002**
Signature, typed or printed name, or registered agent's name, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARLOS 2110 WEST OAKRIDGE RD., #D ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARZA, JORGE A 2110 WEST OAKRIDGE RD., #D ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ CARLOS 5715 Bent Pine Dr #102 Orlando FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARZA Jorge A 1445 South Creekside Dr CHULA VISTA, CA 91915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-11-2002 4078594054
 Date Daytime Phone #

CR2E034 (9/01)