

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 002 ***150.00

DOCUMENT # /

P01000091055

1. Entity Name

MC CARGO AGENTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3409 B Nw 72 Ave

3. Mailing Address

3409 B Nw 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida

City & State Miami, Florida

4. FEI Number 01-0548777

Applied For

Not Applicable

Zip 33122

Country USA

Zip 33122

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN CARLOS CORDERO

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

3409B Nw 72 Ave.

City Miami

FL

Zip Code 33122

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

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 Juan Carlos Cordero 3409B Nw 72 Ave. Miami, Fl. 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Celia Centeno 3409B Nw 72 Ave. Miami, Fl. 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Gerardo Rodriguez 3409B Nw 72 Ave. Miami, Fl. 33122
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02

Date

(305) 463-8758

Daytime Phone #

CR2E034B (12/01)