

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-15-2002 90151 042 ***150.00

DOCUMENT # **P01000097185**

1. Entity Name

ESPINAL CARGO EXPRESS, CORP.

Principal Place of Business

**934 SW 8 CT
 MIAMI FL 33130**

Mailing Address

**934 SW 8 CT
 MIAMI FL 33130**

2. Principal Place of Business

845 S.W. 10 Ave.

3. Mailing Address

845 S.W. 10 Ave

Suite, Apt. #, etc.

Apt #1

Suite, Apt. #, etc.

Apt #1

City & State

Miami Florida

City & State

Miami Florida

Zip

33130 Florida

Country

USA

Zip

33130

Country

USA

6. Name and Address of Current Registered Agent

ESPINAL, WILFREDO

**934 SW 8 CT
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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	D PD	<input type="checkbox"/> Delete
NAME	ESPINAL, WILFREDO	
STREET ADDRESS	934 SW 8 CT	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESPINAL, FRANKLIN O	
STREET ADDRESS	845 SW 10 AVE, #2	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PADILLA, ERIKA	
STREET ADDRESS	780 SW 10 AVE, #1	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	Reina Guadalupe Chavez	<input type="checkbox"/> Delete
NAME	Reina Guadalupe Chavez	
STREET ADDRESS	845 SW 10 AVE, #3	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Reina Guadalupe Chavez	
STREET ADDRESS	845 SW 10 AVE, #3	
CITY-ST-ZIP	Miami FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Wilfredo O. Espinal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 (305) 801-2841

Date

Daytime Phone #

CR2E034 (9/01)