

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90404 019 ***150.00

DOCUMENT # P02000090836



1. Entity Name
MUNDICARGO FORWARDING, INC.

Principal Place of Business
400 N.W. 166TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address
400 N.W. 166TH AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3873762

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROFRIGUEZ, ALVARO
400 N.W. 166TH AVENUE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name RODRIGUEZ, ALVARO

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

SAME.

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. 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 \$150.00
After May 1, 2003. Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALVARO	
STREET ADDRESS	400 N.W. 166TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRA, CLAUDIS	
STREET ADDRESS	340 S. ROSLYN ROAD	
CITY-ST-ZIP	WATERFORD MI 48328	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARRA, LEONARDO	
STREET ADDRESS	340 S. ROSLYN ROAD	
CITY-ST-ZIP	WATERFORD MI 48328	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, CLAUDIA	
STREET ADDRESS	SAME.	
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		

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 authority empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15/03 (954)430-2874

CR2E034 (10/02)