

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128189

1. Entity Name
UNITED CARGO LOGISTICS, INC.



FILED
03 AUG 27 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9500 N.W. 77 AVE.
SUITE 20
HIALEAH GARDENS, FL 33016

Mailing Address
9500 N.W. 77 AVE.
SUITE 20
HIALEAH GARDENS, FL 33016

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
BENITEZ, BOB
3529 S.W. 112 PLACE
MIAMI, FL 33165

4. FEI Number
32-0045997

Applied For
☐ Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)

DATE _____

FILE MONTHLY FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PVT VILA, JANET 9500 N.W. 77 AVE. SUITE 20 HIALEAH GARDENS, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Edgar F. Vila 9500 NW 77 Ave., Ste #20 Hialeah Gardens, FL 33016 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022588013 08/27/03--01005--012 **8.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300022588013 08/27/03--01005--011 **400.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/30/03 90066 009 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/03 (305) 558-2979
Date Daytime Phone #

CR2E034 (10/02)

22 p 128