## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P92000001574 Apr 17, 2001 8:00 am Secretary of State CARGO NETWORK AGENCY INC. 04-17-2001 90153 007 \*\*\*158.75 Mailing Address Principal Place of Business 1600 N.W. 93 AVE 1600 N.W. 93 AVE MIAMI FL 33172-2914 MIAMI FL 33172-2914 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0366680 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAVANO, EDWARD V Street Address (P.O. Box Number is Not Acceptable) 1600 N.W. 93 AVE MIAMI FL 33172-2914 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete ☐ Change **PSTV** TITLE NAME NAME TAVANO, EDUARDO V STREET ADDRESS STREET ADDRESS 1600 N.W. 93 AVE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33172-2914 Change ☐ Addition TITLE ☐ Delete TITLE NAME TAVANO, EDUARDO V STREET ADDRESS STREET ADDRESS 1600 N.W. 93 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172-2914 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Eduardo V. Tavano, President

SIGNATURE