

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037424

1. Entity Name

COSMOS CARGO, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90106 012 ***150.00

Principal Place of Business

2315 NW 107TH AVE
SM36
MIAMI FL 33172
US

Mailing Address

JHANGIMAL SONIA D.
9425 SW 91ST STREET
MIAMI FL 33176-1921
US

2. Principal Place of Business

2315 NW 107TH AVE

3. Mailing Address

2315 NW 107TH AVE

Suite, Apt. #, etc.

2M37

Suite, Apt. #, etc.

2M 37 BOX 85

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0431149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JHANGIMAL SONIA
2315 NW 107TH AVENUE
BOX 85 2M36
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

SONIA D. JHANGIMAL

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

2315 NW 107TH AVE

City

MIAMI

FL

Zip Code

33172

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

Sonia D. Jhangimal

SONIA D. JHANGIMAL

04-25-00

Signature, typed or printed name of registered agent and title (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. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 PD ☐ Delete

NAME JHANGIMAL SONIA
STREET ADDRESS 2315 NW 107 AVE. B 35(BOX85)
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete

NAME JHANGIMAL SURESH
STREET ADDRESS 2315 NW 107 AVENUE B35 (BOX85)
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete

NAME RAHIM, NASEER
STREET ADDRESS 2315 NW 107 AVENUE B 35 (BOX 85)
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

Sonia D. Jhangimal SURESH SONIA D. JHANGIMAL

04-25-00

305-593-0339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)