

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90028 016 \*\*\*158.75

**DOCUMENT # P94000084578**

1. Entity Name

**CARGOR II, INC.**

Principal Place of Business

**4832 78TH ST. E.  
 BRADENTON FL 34203**

Mailing Address

**4832 78TH ST. E.  
 BRADENTON FL 34203**

2. Principal Place of Business

**7419 39th Court E**  
 Suite, Apt. #, etc.

3. Mailing Address

**7419 39th Court E**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

4. FEI Number **65-0548418**

Applied For  
 Not Applicable

Zip  
**34243**

Country  
**MANATEE**

Zip  
**34243**

Country  
**MANATEE**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERUFF, CARLOS M**  
~~4410 74TH AVE. EAST~~ **7419 39th Court E**  
**SARASOTA FL 34243**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>S</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BERUFF, CARLOS M</b>    |                                 |
| STREET ADDRESS | <b>4476 ASCOT CIRCLE N</b> |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>         |                                 |
| TITLE          | <b>S</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>JACOBSON, JAKE</b>      |                                 |
| STREET ADDRESS | <b>16 HIGHLAND AVE.</b>    |                                 |
| CITY-ST-ZIP    | <b>CAMBRIDGE MA 02139</b>  |                                 |
| 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"/> Delete |
| 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 |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)