

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

DOCUMENT # P94000087570

07-02-2002 90813 020 ***550.00

1. Entity Name

CARGOPAR AIRLINES, INC.

DO NOT WRITE IN THIS SPACE

80126781

2. Principal Place of Business
c/o William J. Brown

3. Mailing Address
777 Brickell Ave #1114

Suite, Apt. #, etc.
777 Brickell Ave #1114

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL 33131

City & State

Miami FL 33131

4. FEI Number

65-0538622

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William J. Brown, Esq.

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

777 Brickell Avenue #1114

Miami, Florida 33131

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Vimo, Carlos R.
3863 Irvington Avenue
Miami FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Munoz, Angel
6351 Lake June Road
Miami Lakes, FL 33014

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos R. Vimo

June 27, 2002

305-536-3438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)