

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90214 010 \*\*\*150.00

**DOCUMENT # P95000067018**

1. Entity Name  
**LIFE CARGO INC.**



Principal Place of Business  
**9952 COSTA DEL SOL BLVD**  
**MIAMI FL 33178**  
**US**

Mailing Address  
**9952 COSTA DEL SOL BLVD**  
**MIAMI FL 33178**  
**US**

2. Principal Place of Business  
**9444 N.W. 13 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**9444 N.W. 13 ST**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

4. FEI Number **65-0607856**

Applied For  
Not Applicable

Zip **33172** Country **MIAMI DODE**

Zip **33172** Country **MIAMI DODE**

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

**LEAO, SERGIO S**  
**9952 COSTA DEL SOL BLVD**  
**MIAMI FL 33178**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9444 N.W. 13 ST**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAO, SERGIO S	
STREET ADDRESS	9952 COSTA DEL SOL BLVD	
CITY-ST-ZIP	MIAMI FL 33178-2357	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9444 N.W. 13 ST	
CITY-ST-ZIP	MIAMI FL 33172	
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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/03

Date

Daytime Phone #

CR2E034 (10/02)