2000 UNIFORM BUSINESS REPORT (UBR)

MARISABEL CARCIA PRESIDENTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P95000070600** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** TAYMAR CARGO, INC. 03-02-2000 90019 027 ***150.00 Principal Place of Business Mailing Address 13727 S.W. 152 STREET, SUITE 333 13727 S.W. 152 STREET. SUITE 333 MIAMI FL 33177-1106 MIAMI FL 33177-1106 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0620243 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, OSVALDO J. Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40TH STREET SUITE 208B **MIAMI FL 33155** Zip Code FL 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. OSVALDO DTAZ J SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE GARCIA, MARIA ISABEL NAME NAME 13727 S.W. 152 STREET, SUITE 333 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177-1106 CITY-ST-ZIP DVTS ☐ Addition Change ☐ Delete TITLE FRANCONE, FRANCO NAME NAME 13727 S.W. 152 STREET, SUITE 333 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP On Section 119.07(3)(i), Florida Statutes. I further certify that the information which same legal effect as if made under oath; that I am an officer or director [16] 607) Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filling does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required. changed, or on an attachment with an address, with all other like empowered.