## **2002 UNIFORM BUSINESS REPORT (UBR)** P95000086054 **DOCUMENT #** 1. Entity Name ABA CARGO, INC.

## FILED Mar 07, 2002 8:00 am Secretary of State 03-07-2002 90060 033 \*\*\*158.75

Principal Place 6188 N.W. 741 MIAMI FL 331		Mailing Address 6188 N.W. 74TH AVENUE MIAMI FL 33166						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0623916		A	pplied For
Zip	Country	Zip	Country	-	Certificate of Status Desired		No. 75 Ad	ot Applicable Iditional
	C. Nove and Address of Company						ee Require	∌d
6. Name and Address of Current Registered Agent				e	Name and Address of New F	registered A	gent	
ROZENTZVAIG, CLAUDIO 6188 NW 74TH AVENUE			Stree	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33166								1
			City			FL	Zip Cod	je
8. The above	named entity submits this statement for	the purpose of changing its re	egistered offic	e or registered a	agent, or both, in the State of Fl	orida.	,-L	
SIGNATURE.					<u> </u>			
	Signature, typed or printed name of registered agent a			gnature required when	reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		\$550.00	10. Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZENTZVAIG, CLAUDIO 1115 SAN PEDRO AVE. MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			☐ Change	Addition 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZENTZVAIG, ELCA 1115 SAN PEDRO AVE. MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP	33				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		110 07/2Vi) Elevida Chat too	<del>-,</del> ,	Change	Addition

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:** 

305-593/786