

DOCUMENT # P96000008271

1. Entity Name  
R.G. CARGO, INC.

FILED

00 FEB 24 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
C0007989



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
8379 NW 66 STREET 8379 NW 66 STREET  
MIAMI FL 33166 MIAMI FL 33166-2626

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 65-0645103 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PINERES-CHAVES, RICARDO G  
8379 NW 66 STREET  
MIAMI FL 33166

7. Name and Address of New Registered Agent  
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, 2000 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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PT PINERES-CHAVES, RICARDO G	8379 NW 66 STREET MIAMI FL 33166	<input checked="" type="checkbox"/> Delete		
	VP GTZ. PINERES, ZORAIDA	AVE. 79 N.W. 4580 MIAMI FL 33166	<input type="checkbox"/> Delete		
	DS GTZ. PINERES, CLADIS CHAVES DE	AVE. 79 N.W. 4580 ST. MIAMI FL 33166	<input type="checkbox"/> Delete		
	M GERMAN, LOAIZA	8379 N.W. 66 STREET MIAMI FL 33166	<input checked="" type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		
			<input type="checkbox"/> Delete		

500003155735  
03/03/00 01007 023  
\*\*\*\*150.00 \*\*\*\*150.00

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]* JAN-20-2000 J98-698  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)