

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90414 019 ***150.00

DOCUMENT # P96000069942

1. Entity Name

ASECOEXPORT CARGO, INC.

Principal Place of Business

Mailing Address

8795 NW 100TH ST
 MEDLEY FL 33178
 US

8795 NW 100TH ST
 MEDLEY FL 33178
 US

2. Principal Place of Business

3. Mailing Address

4739 NW 72 AVE
 Suite, Apt. #, etc.

4739 NW 72 ND AVE
 Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33166

USA

33166

4. FEI Number

65-0690957

Applied For

Not Applicable

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

MEJIA, JAIME
 8013 LAKE DR., #103
 MIAMI FL 33168

Name JAIME MEJIA

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

4980 SW 171 TERRACE

City MIRAMAR

FL

Zip Code 33027

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 \$150.00
After May 1, 2002 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 DP
 NAME MEJIA, JAIME ☐ Delete
 STREET ADDRESS 8013 LAKE DR., #103
 CITY-ST-ZIP MIAMI FL 33168

TITLE DP
 NAME JAIME MEJIA ☒ Change ☐ Addition
 STREET ADDRESS 4980 SW 171 TERRACE
 CITY-ST-ZIP MIRAMAR FL 33027

TITLE DV
 NAME DIAZ, JAIME ☐ Delete
 STREET ADDRESS 8013 LAKE DR., #103
 CITY-ST-ZIP MIAMI FL 33168

TITLE DV
 NAME JAIME DIAZ ☒ Change ☐ Addition
 STREET ADDRESS 4980 SW 171 TERRACE
 CITY-ST-ZIP MIRAMAR FL 33027

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)