

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000093672**

1. Entity Name

**TEIXEIRA NUNES CARGO COMPANY****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90053 025 \*\*\*158.75

Principal Place of Business

1628-30 NW 82 AVE  
MIAMI FL 33126  
US

Mailing Address

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES FL 33134-5221  
US

2. Principal Place of Business

2121 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

City &amp; State

Coral Gables, FL

City &amp; State

Zip

33134

Country

USA

Zip

Country

4. FEI Number

65-0712905

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

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES FL 33134

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	TEIXEIRA NUNES, WALTER		NAME	
STREET ADDRESS	1628-30 NW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	TEIXEIRA NUNES, TATHIANA N		NAME	
STREET ADDRESS	1628-30 NW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	DE MELLO, TIRSO MATOS		NAME	
STREET ADDRESS	1628-30 NW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	DE MELLO, DIRMA P		NAME	
STREET ADDRESS	1628-30 NW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	MELIM, HUMBERTO		NAME	
STREET ADDRESS	1628-30 NW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	DECASTRO, PAULO		NAME	
STREET ADDRESS	1628-30 NW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		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

1/19/2000

305-444-8333

Date

Daytime Phone #