

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000002964

1. Entity Name

AL-NIQUE CARGO EXPRESS, INC

FILED

02 OCT 29 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4703 BELVEDERE ROAD

Suite, Apt. #, etc.

3. Mailing Address

4703 BELVEDERE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0722158

Applied For

Not Applicable

Zip

33415

Country

PALM BEACH

Zip

33415

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ORLANDO M. O'CAMPO

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

1510 10th AVENUE NORTH

City

LAKE WORTH

FL

Zip Code

33410

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

Orlando M. O'Campo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/24/2002
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

| | |
|----------------|---------------------------|
| TITLE | P/C/M |
| NAME | VICTORIA ESPIDOL |
| STREET ADDRESS | 4703 BELVEDERE ROAD |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
| TITLE | D/T |
| NAME | ORLANDO M. O'CAMPO |
| STREET ADDRESS | 4703 BELVEDERE ROAD |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 |
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10/29/02-01031-005-4461.25

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Orlando M. O'Campo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2002
Date

501-254-3804
Daytime Phone #

CR2E034B (12/01)