

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016004

1. Entity Name

J. B. CARGO N' CARGO, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90127 034 \*\*\*158.75

Principal Place of Business

Mailing Address

777 NW 72 AVENUE

777 NW 72 AVENUE

2M2

2M2

MIAMI FL 33126

MIAMI FL 33126-3009

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

777 NW 72 AVE

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 PLAZA ONE

City & State

MIAMI, FL.

City & State

Zip

Country

Zip

Country

33126

4. FEI Number 65-0732422

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERALTA, JAVIER  
 777 NW 71 AVENUE  
 SUITE 2M2  
 MIAMI FL 33126

Name JAVIER PERALTA

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

777 NW 72 AVE.

SUITE 2 PLAZA ONE

City Miami

FL

Zip Code

33126

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 JAVIER PERALTA

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

(NOTE: Registered Agent Signature required when replacing)

DATE

04-24-00

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

X

**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.

X

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |        |
|----------------|-----------------------|--------|
| TITLE          | P                     | Delete |
| NAME           | PERALTA, JAVIER       |        |
| STREET ADDRESS | 777 NW 71 AVENUE, 2M2 |        |
| CITY-ST-ZIP    | MIAMI FL 33126        |        |
| TITLE          | VP                    | Delete |
| NAME           | JELASQUEZ, BEATRIZ    |        |
| STREET ADDRESS | 777 NW 72 AVE, 2M2    |        |
| CITY-ST-ZIP    | MIAMI FL 33126        |        |
| TITLE          | T                     | Delete |
| NAME           | PERALTA, JAVIER       |        |
| STREET ADDRESS | 777 NW 72 AVE, 2M2    |        |
| CITY-ST-ZIP    | MIAMI FL 33126        |        |
| TITLE          | S                     | Delete |
| NAME           | JELASQUEZ, BEATRIZ    |        |
| STREET ADDRESS | 777 NW 72 AVE         |        |
| CITY-ST-ZIP    | MIAMI FL 33126        |        |
| TITLE          |                       | Delete |
| NAME           |                       |        |
| STREET ADDRESS |                       |        |
| CITY-ST-ZIP    |                       |        |
| TITLE          |                       | Delete |
| NAME           |                       |        |
| STREET ADDRESS |                       |        |
| CITY-ST-ZIP    |                       |        |

|                |                            |        |          |
|----------------|----------------------------|--------|----------|
| TITLE          | P/T                        | Change | Addition |
| NAME           | PERALTA JAVIER             |        |          |
| STREET ADDRESS | 777 NW 72 AVE, 2 PLAZA ONE |        |          |
| CITY-ST-ZIP    | MIAMI, FL 33126            |        |          |
| TITLE          | VP/S.                      | Change | Addition |
| NAME           | JELASQUEZ BEATRIZ          |        |          |
| STREET ADDRESS | 777 NW 72 AVE 2 PLAZA ONE  |        |          |
| CITY-ST-ZIP    | MIAMI, FL 33126            |        |          |
| TITLE          |                            | Change | Addition |
| NAME           |                            |        |          |
| STREET ADDRESS |                            |        |          |
| CITY-ST-ZIP    |                            |        |          |
| TITLE          |                            | Change | Addition |
| NAME           |                            |        |          |
| 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-00 3052616557

CR2E034 (9/99)