

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025205

1. Entity Name

SERVICARGO EXPRESS CORP.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90047 048 \*\*\*150.00

Principal Place of Business

Mailing Address

8262 S. RIVER DR.  
MIAMI FL 33166

8262 S. RIVER DR.  
MIAMI FL 33166-7451

2. Principal Place of Business

3. Mailing Address

8346-NW-SOUTH RIVER DR - 8346-NW-SOUTH RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

C

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0736190

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

RIOS, ELSA C  
1800 W 49 ST STE 207  
HALEAH FL 33012

Name

Santana Christina  
1085 NW 125th Ct

MIAMI

City

FL

Zip Code

33182

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 DP ☐ Delete  
NAME PARTIDAS, LEOPOLDO  
STREET ADDRESS 8262 NW. S RIVER DR  
CITY-ST-ZIP MEDLEY FL 33166

TITLE DP ☒ Change ☐ Addition  
NAME PARTIDAS, LEOPOLDO  
STREET ADDRESS 8346-C NW SOUTH RIVER DR  
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME Santana Christina  
STREET ADDRESS 1085 NW 125th Ct  
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)