

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025205

1. Entity Name
SERVICARGO EXPRESS CORP.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90017 047 ***150.00

Principal Place of Business
8346 NW SOUTH RIVER DR
MIAMI FL 33166
US

Mailing Address
8346 NW SOUTH RIVER DR
MIAMI FL 33166
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0736190

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~CHRISTINA SANCHEZ~~
~~1005 NW SOUTH RIVER~~
~~MIAMI FL 33166~~

Name LEOPOLDO PARTIDAS

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

8346-C NW South River DR

City MIAMI

FL

Zip Code 33166

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, 2001 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 PARTIDAS, LEOPOLDO
STREET ADDRESS 8346-C NW SOUTH RIVER DR
CITY-ST-ZIP MEDLEY FL 33166 ☐ Delete

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

TITLE ~~CHRISTINA SANCHEZ~~
NAME ~~CHRISTINA SANCHEZ~~
STREET ADDRESS ~~1005 NW SOUTH RIVER~~
CITY-ST-ZIP ~~MIAMI FL 33166~~ ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 filers empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

(305) 8632255

Daytime Phone #

CR2E034 (10/00)