

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000033289**

1. Entity Name

FUTURE CARGO CORPORATION**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90476 037 ***150.00

0213659

Principal Place of Business

**9600 NW 25 STREET
SUITE 4E
MIAMI FL 33172**

Mailing Address

**9600 NW 25 STREET
SUITE 4E
MIAMI FL 33172**

2. Principal Place of Business

8417 N.W. 74th ST.

Suite, Apt. #, etc.

3. Mailing Address

8417 N.W. 74th ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI-FLCity & State
MIAMI-FL4. FEI Number **65-0747449**

Applied For

Not Applicable

Zip
33166Country
USAZip
33166Country
USA5. 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

**MELO, GENIVALDO J
6701 NW 7TH STREET
SUITE 190
MIAMI FL 33126**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☒ Delete
NAME **GENIVALDO, MELO J**
STREET ADDRESS **9600 NW 25TH ST SUITE 4E**
CITY-ST-ZIP **MIAMI FL 33172**TITLE **P** ☒ Change ☐ Addition
NAME **GENIVALDO, MELO J**
STREET ADDRESS **8417 N.W. 74th ST.**
CITY-ST-ZIP **MIAMI-FL 33166**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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: GENIVALDO J. MELO -PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2001

Date

305.6399995

Daytime Phone #

CR2E034 (10/00)