

2002 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-22-2002 90170 013 ***150.00

DOCUMENT # P97000060494

1. Entity Name

OCEANIC CARGO, INC.

Principal Place of Business

10050 NW 116TH WAY
 STE 15
 MIAMI FL 33178

Mailing Address

10050 NW 116TH WAY
 STE 15
 MIAMI FL 33178

94511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8323 Lake Drive

Suite, Apt. #, etc.

205-H

3. Mailing Address

PO Box 523966

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0767425

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33152-3766

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIL, DANY

187 GOLDEN BEACH DRIVE
 MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name

Falconi, Renzo

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

7590 W 32 coast

City

Hialeah Gardens

FL

Zip Code

33018

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

(NOTE: Registered Agent signature required when reinstating)

DATE

06/18/2002

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIL, DANY	
STREET ADDRESS	187 GOLDEN BEACH DR	
CITY-ST-ZIP	GOLDEN BCH FL 33180	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEIL, IRA	
STREET ADDRESS	187 GOLDEN BCH DDR	
CITY-ST-ZIP	GOLDEN BCH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Falconi, Renzo	
STREET ADDRESS	7590 W 32 coast	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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]
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2002

(305) 343 0474

Date

Daytime Phone #