## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or tri changed, or on an attachment with an

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** May 08, 2000 8:00 am Secretary of State DOCUMENT # P97000067200 1. Entity Name SOUTHFLORIDA AIR CARGO, INC. 05-08-2000 90095 025 \*\*\*150.00 Mailing Address Principal Place of Business P O BOX 523883 6710 NW 22 ST MIAMI FL 33152-3883 CARGO BLDG. 707 #204 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0814929 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIDALGO, RODRIGO Street Address (P.O. Box Number is Not Acceptable) 6710 NW 22 ST BLDG 707- STE 204 MIAMI FL 33126 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change ☐ Addition ☐ Delete TITLE TITLE HIDALGO, RODRIGO NAME NAME STREET ADDRESS 6710 NW 22 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33122** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filling 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 the true proposed to the corporation or the receiver or this teal may overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/10/00

Daytıme Phone #