

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90010 050 \*\*\*150.00

**DOCUMENT # P97000067200**

1. Entity Name

**SOUTHFLORIDA AIR CARGO, INC.**

Principal Place of Business

Mailing Address

**6710 NW 22 ST  
 CARGO BLDG. 707 #204  
 MIAMI FL 33122**

**P O BOX 523883  
 MIAMI FL 33152**

2. Principal Place of Business

3. Mailing Address

**6500 NW 22nd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, FL**

Zip

Country

Zip

Country

**33122**

**U.S.A.**

4. FEI Number

**65-0814929**

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

**HIDALGO, RODRIGO  
 6710 NW 22 ST  
 BLDG 707- STE 204  
 MIAMI FL 33126**

Name

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

**6500 NW 22 St.**

City

**Miami**

**FL**

Zip Code

**33122**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	VGM			<input checked="" type="checkbox"/>		VGM			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HIDALGO, RODRIGO					Hidalgo, Rodrigo				
	6710 NW 22 ST					6500 NW 22 St.				
	MIAMI FL 33122					Miami, FL 33122				
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 another line empowered.

SIGNATURE:

**SIGNATURE: RODRIGO HIDALGO**

**4/22/02**

**305-874-267**

Date

Daytime Phone #

CR2E034 (9/01)