FOR PROFIT CORPORATION **USINESS REPORT (UBR)**

DOCUMENT # P97000095303

1. Entity Name

U.S. CARGO MAX SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business 7950 NW 14th Street 7959 NW 14th Street

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

O NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WHITE IN THIS SPACE		
City & State		City & State			El Number	Applied For	
Miami, F	'L	Miami, FL			65-0792999	Not Applicable	
Zip Country		Zip Country -33126 USA		5. Certificate of Status Desired See Required Fee Required			
3.3.1.26_	26 USA - 33126 USA			7. Name and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE			Name Vivian E. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 10836 SW 145th Court				
	·		City Miami		FL	Zip Code 33186	
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 January 1 - May 1 Fee is \$150.00							
9. This corporation is eligible to satisfy its intangible After May 1,			Fee is \$550.00 JBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	RECTORS						
NAME GG	P D onzalez, Vivian 0836 SW145th Cou iami, FL 33186	E. rt	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8000220809(* 806/0301002008	018 *61,25	
NAME GO	Gonzalez, Luis A. 10836 SW 145th Court Miami, FL 33186				and the second s	and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRIT	ΓΕ	

13. Thereby 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

RESIDENT AIGHT 305 SAY HILL

IN THIS SPACE

CR2E034B (12/01)