

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013159

1. Entity Name

J.H. CARGO, INC

DO NOT WRITE IN THIS SPACE**80056889**

2. Principal Place of Business:

9970 SW 39 TERR

Suite, Apt. #, etc.

3. Mailing Address

9970 SW 39 TERR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0813762

Applies to:

Not Applicable

33165

Country

33165

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

RAMONA CORONADO

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

7360 CORAL WAY STE 21

City MIAMI

FL

Zip Code 33155

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IN THIS SPACE**

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 of officer or board member of registered agent and fee if applicable

Signature of Registered Agent (Signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$120.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing First Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
JOAQUIN J. BLANCO
9970 SW 39 TERR
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.V.D
BARBARA BLANCO
9970 SW 39 TERR
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MIAMI, FL 33165

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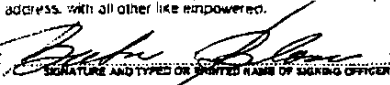
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE (OPTIONAL)