

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90032 005 ***150.00

DOCUMENT # P98000021599

1. Entity Name

TRANSPORTES ARGENTA INC.

Principal Place of Business

**8211 NW 68 STREET
MIAMI FL 33166**

Mailing Address

**8211 NW 68 STREET
MIAMI FL 33166**

2. Principal Place of Business

13100 N.W. 113 Ave. Road

3. Mailing Address

13100 NW 113 Ave. Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

4. FEI Number

65-0816238

Applied For

Not Applicable

Zip

33

Country

DADE

Zip

33

Country

DADE

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTANO, ELIZABETH
8211 NW 68 STREET
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

Elizabeth Castano

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

13100 NW 113 Ave. Road

City

Miami

FL

Zip Code

33178

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

TITLE **PSTD** ☐ Delete
NAME **CASTANO, ELIZABETH**
STREET ADDRESS **165 LAKEVIEW DR BLD 307 STE 203**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/02 (305) 805-5775

CR2E034 (9/01)