

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022760

1. Entity Name

CARGO SYSTEMS INT'L, CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90027 045 ***150.00

Principal Place of Business

~~4690 N.W. 102 AVE. #104
MIAMI FL 33178~~

Mailing Address

~~4690 N.W. 102 AVE. #104
MIAMI FL 33178-2262~~

2. Principal Place of Business

3. Mailing Address

8211 N.W. 68 ST.
Suite, Apt. #, etc.

8211 N.W. 68 ST.
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0819695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMASIO, ANGELA C
4690 N.W. 102 AVE. #104
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	NUNEZ, FRANCISCO J	
STREET ADDRESS	5555 COLLINS AVE., APT. 12-M	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAMASIO, ANGELA C	
STREET ADDRESS	4690 N.W. 102 AVE. #104	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, JAMES	
STREET ADDRESS	455 E. 48 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, FRANCISCO J.	
STREET ADDRESS	9205 S.W. 10th TERR.	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JAMES	
STREET ADDRESS	7380 Camino Real	
CITY-ST-ZIP	APT # K401 MIAMI, FL 33143-6870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

FRANCISCO J. NUNEZ 2/9/00

Date

Daytime Phone #

(305) 594-3304

CR2E034 (9/99)