## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 19, 2000 8:00 am Secretary of State DOCUMENT # P98000053822 1. Entity Name BOARD CARGO AGENT INC. 07-19-2000 90017 039 \*\*\*150.00 Principal Place of Business Mailing Address 8466 N.W. 72ND ST. 8466 N.W. 72ND ST. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O'NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0745998 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUTIERREZ, ERNESTO** Street Address (P.O. Box Number is Not Acceptable) 7345 S.W. 21ST STREET MIAMI FL 33166 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, 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 FILE NOW!!! FEE IS \$550.00 10.\_Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition VALBUENA, OSMAN NAME NAME STREET ADDRESS 8466 N.W. 72ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE TITLE Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_STaZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS 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 of 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.

FILED



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ATTACHMENT P98000053822 A0068322

Miami July 6 2000

TO: DIVISION OF CORPORATION

P.O. Box 6327

Tallahassee, Florida 32314

This is to certify that we did not receive the first notice on our **UNIFORM BUSINESS REPORT** annual renewal, enclosed you will find a check for \$150.00

Regards

kman Valhuena

Director