

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90694 015 ***150.00

DOCUMENT # P98000066833

1. Entity Name
ISOCARGO U.S.A., INC.

Principal Place of Business
799 BRICKELL PLAZA SUITE 603
MIAMI FL 33131

Mailing Address
799 BRICKELL PLAZA SUITE 603
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9620 NE 2nd Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miami Shores FL

City & State

4. FEI Number
65-0854141

Applied For
 Not Applicable

Zip
33138-2749

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, GEOVANNA
799 BRICKELL PLAZA, SUITE 603
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
MAURICIO SERRANO
 Street Address (P.O. Box Number is Not Acceptable)
750 Harbor Dr
 City
Key Biscayne FL Zip Code
33149

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-06-02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MOGOLLON, CARLOS	284 NE 96TH STREET	MIAMI SHORES FL 33138	<input checked="" type="checkbox"/>
D	SERRANO, MAURICIO	750 HARBOR DRIVE	KEY BISCAIYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 #

SIGNATURE: MAURICIO SERRANO 05-06-02 305-530-9972 6127

CR2E034 (9/01)