

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101022

1. Entity Name

CARGOSITE CORP.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90108 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2210 N.W. 92ND AVENUE  
MIAMI FL 33172

2210 N.W. 92ND AVENUE  
MIAMI FL 33122-1051

2. Principal Place of Business  
8107 NW 29 ST

3. Mailing Address  
8107 NW 29 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0881341

Applied For

Not Applicable

Zip  
33122

Country  
USA

Zip  
33122

Country  
USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNA, THOMAS E  
2210 N.W. 92ND AVENUE  
MIAMI FL 33172

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BODOLAY, ROBERTO	2210 N.W. 92ND AVENUE	MIAMI FL 33172	<input checked="" type="checkbox"/>	PRESIDENT	TOMAS LUNA	8107 NW 29 ST	MIAMI, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVD	LUNA, THOMAS E	2210 N.W. 92ND AVENUE	MIAMI FL 33172	<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"/>
				<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 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

10-15-99

(305) 418-4033

Date

Daytime Phone #

CR2E034 (9/99)