

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101022

1. Entity Name

CARGOSITE CORP.

Principal Place of Business

8107 NW 29TH ST
MIAMI FL 33122

Mailing Address

8107 NW 29TH ST
MIAMI FL 33122

2. Principal Place of Business

8610 NW 70 ST

3. Mailing Address

8610 NW 70 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, Florida

City & State

miami, Florida

Zip

33166

Zip

33166

Country

US

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

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

Name

Luna, Tomas E.

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

8610 NW 70 ST

City

miami

FL

Zip Code
33166

7. Name and Address of New Registered Agent

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)

Tomas E. Luna 04-19-01

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, 2001 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

PD
LUNA, THOMAS
8107 NW 29TH ST
MIAMI FL 33122

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Luna, Tomas E.
5645 SW 139 PL
miami - Florida - 33183

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Tomas E. Luna 04-19-01 (305)4184033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

UFC



DO NOT WRITE IN THIS SPACE