## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000101070** Apr 22, 2000 8:00 am Secretary of State STAR ALLIANCE CARGO, INC. 04-22-2000 90024 018 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 526548 6521 NAV 87 AVENUE MIAM#FE 33152-6548 2. Principal Place of Business 3. Mailing Address P.O. BOX, 66-7706 6531 NW 87th Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number CMfame, Fl. <sup>C</sup>Mfame, Fl. 65-0882081 Not Applicable \$8.75 Additional <sup>Zi</sup>33166 <sup>Zig</sup>33178<sup>-</sup> Miami-Dade Mîami-Dade 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTESANO, RAMON Street Address (P.O. Box Number is Not Acceptable) **6521 NW 87 AVENUE** MIAMI FL 33178 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS X Change ☐ Addition ☐ Delete TITLE TITLE Tauszky, Alfredo TAUSZKY, ALFREDO NAME NAME 6531 NW 87th Avenue 6521 NW 87 AVENUE STREET ADDRESS STREET ADDRESS Miami, Fl. 33178 CITY-ST-ZIP MIAMÍ FL 33178 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete Montesano, Ramon MONTESANO, RAMON NAME NAME 6531 NW 87th Avenue 6521 NW 87 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, Fl. 33178 MIAMI FL-33178 CITY-ST-7IP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 pepirt 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 trusted 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