

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90135 048 ***150.00

DOCUMENT # 998000101070

1. Entity Name
STAR ALLIANCE CARGO, INC.
6531 NW 87th Avenue
Miami, Florida 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6531 NW 87th Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 66-7707
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0882081

Applied For
Not Applicable

Zip
33178

Country

Zip
33166

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ramon Montesano
Street Address (P.O. Box Number is Not Acceptable)
6531 NW 87th Avenue

City Miami **FL** **Zip Code** 33178

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 RAMON MONTESANO, D.P. 04/19/02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
DP
NAME
Ramon Montesano
STREET ADDRESS
6531 NW 87th Avenue
CITY - ST - ZIP
Miami, FL 33178

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, and all other like empowered.

SIGNATURE: Ramon Montesano April 19, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 47706797
Daytime Phone #

CR2ED34B (12/01)