

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90013 046 ***150.00

0205660

DOCUMENT # P98000107740

1. Entity Name
INTERCARGA LOGISTICS GROUP, INC.

Principal Place of Business
8574 NW 61 ST.
MIAMI FL 33166

Mailing Address
8574 NW 61 ST.
MIAMI FL 33166

00007000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6035 NW 87 AVE

3. Mailing Address
6035 NW 87 AVE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0910894**

Applied For

Not Applicable

Zip
33178

Country

Zip
33178

Country

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

GAMMILL, WARREN P ESQ.
1101-BRICKELL AVENUE
SUITE 1700
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
PD
 NAME
RUIZ, GERMAN P Delete
 STREET ADDRESS
11263 NW 58 TERRACE
 CITY-ST-ZIP
MIAMI FL 33178

TITLE
 NAME Change Addition
 STREET ADDRESS
11284 NW 66 ST
 CITY-ST-ZIP
MIAMI, FL 33128

TITLE
VD
 NAME
GOLDBERG, PETER A Delete
 STREET ADDRESS
451 S.W. 113 WAY
 CITY-ST-ZIP
PEMBROKE PINES FL 33025

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(305) 4232290

CR2E034 (10/00)