

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90211 003 \*\*\*158.75

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**DOCUMENT # P98000107740**

1. Entity Name  
**INTERCARGA LOGISTICS GROUP, INC.**



Principal Place of Business  
**6035 NW 87 AVE  
MIAMI FL 33178**

Mailing Address  
**6035 NW 87 AVE  
MIAMI FL 33178**

**70009348**



2. Principal Place of Business  
**3520 NW 115TH AVENUE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**

City & State

4. FEI Number  
**65-0910894**

Applied For  
Not Applicable

Zip  
**33178** Country  
**DADE**

Zip 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

**MARIANITA, QUEVEDO  
5035 NW 87 AVENUE  
AVENTURA-FL-33131**

Name  
**MARIANITA QUEVEDO**

Street Address (P.O. Box Number is Not Acceptable)  
**3520 NW 115TH AVE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
MARIANNITA, QUEVEDO**  Delete

**6035 NW 87 AVENUE  
MIAMI FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
MARIANITA QUEVEDO**  Change  Addition

**3520 NW 115TH AVENUE  
MIAMI, FL 33178**

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  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Marianita Quevedo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02 305-4232290

Date

Daytime Phone #

CR2E034 (10/02)