

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002031

1. Entity Name
UNIVERSAL CARGO SYSTEM, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90045 048 ***150.00

Principal Place of Business

Mailing Address

8615 N.W. 54TH STREET
MIAMI FL 33166

8615 N.W. 54TH STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

4471 NW 36 Street

1304 SW 160 Avenue

Suite, Apt. #, etc.

229

Suite, Apt. #, etc.

214

City & State

MIAMI, FLORIDA

City & State

Sunrise, Florida

Zip

33166

Country

U.S.A.

Zip

33326

Country

U.S.A.

4. FEI Number

65-0916030

Applied For

Not Applicable

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

PERUILH, SERGIO
8615 N.W. 54TH STREET
MIAMI FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **M**
STREET ADDRESS **PERUILH, SERGIO**
CITY-ST-ZIP **8615 NW 54TH ST**
MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME **M**
STREET ADDRESS **Sergio Peruilh**
CITY-ST-ZIP **4471 NW 36 Street Suite 229**
MIAMI, FL 33166-1902

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/01

205-594-2300

CR2E034 (10/00)