

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90031 027 ***150.00

DOCUMENT # P99000026029

1. Entity Name

CARIBBEAN CARGO SYSTEM INC.

Principal Place of Business

Mailing Address

**2139 N.W. 79 AVE.
 MIAMI FL 33122**

**2139 N.W. 79 AVE.
 MIAMI FL 33122**

2. Principal Place of Business

14374 SW 142 AVE

3. Mailing Address

14374 SW 142 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0911234

Applied For

Not Applicable

Zip

Country

33186

USA

Zip

Country

33186

USA

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

**SANTUCCI, MASSIMO
 2139 N.W. 79 AVE.
 MIAMI FL 33122**

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 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) ☐

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** ☐ Delete
 NAME **SANTUCCI, MASSIMO**
 STREET ADDRESS **2139 N.W. 79 AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Santucci, Massimo**
 STREET ADDRESS **14374 SW 142nd AVE**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VPD** ☐ Delete
 NAME **GASPARD, JEAN PAUL**
 STREET ADDRESS **2139 N.W. 79 AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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

Massimo Santucci 4/19/01 (305) 4965831

Date

Daytime Phone #

CR2E034 (10/00)