

**04 2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000048753

1. Entity Name

C.A. CONSOLIDADORES DE CARGA, INC.



03 MAR 18 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6700 NW 114 Ave.

3. Mailing Address

6700 NW 114 Ave.

Suite, Apt. #, etc.

921

Suite, Apt. #, etc.

921

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33178

Country

Zip

33178

Country

4. FEI Number

65-0922860

Applied For

Not Applicable

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 Yolanda Jaramillo

Street Address (P.O. Box Number is Not Acceptable)

12350 S.W. 132 Ct. # 207

City Miami, Fl.

FL Zip Code
33187

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]

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

(NOTE: Registered Agent signature required when reinstating)

03/05/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PS
NAME ALVAREZ, CESAR A.
STREET ADDRESS 6700 N.W. 114 Ave. # 921
CITY-ST-ZIP Miami, Fl. 33178

TITLE
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STREET ADDRESS
CITY-ST-ZIP
800014383188
03/20/03--01001--014 **300.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03

Date

Daytime Phone #

CR2E034B (12/02)

91 3/18

Miami March 03, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX # 6327
Tallahassee, Fl. 32314

REF: C.A. CONSOLIDADORES DE CARGA, INC.
Doc. # P99000048753
UBR 2002 - 2003

To Whom It May Concern:

With this letter I would like to request for you to please waive the penalty fee for the above-mentioned company, due to the fact that we never received the initial UBR because our address had changed.

Enclosed is the payment in the amount of \$300.00 to bring us up to date.
If there are any further questions please do not hesitate to contact us.

Thank you for your cooperation and please excuse the inconvenience.

Regards,



Cesar A. Alvarez
President