

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90052 015 ***150.00

DOCUMENT # P99000057322

1. Entity Name
H.L.M. CARGO CORP.



Principal Place of Business
**5567 NW 72 AVENUE
MIAMI FL 33166**

Mailing Address
**5567 NW 72 AVENUE
MIAMI FL 33166**

2. Principal Place of Business
7360 NW 78 ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 652623
Suite, Apt. #, etc.

City & State
MIAMI FLA
Zip
33166
Country

City & State
MIAMI FLA
Zip
33265
Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0928857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VILLENA, NILO E SR
9601 SW 65 STREET
MIAMI FL 33173**

7. Name and Address of New Registered Agent

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. 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

TITLE **D** ☐ Delete
NAME **VILLENA, NILO E JR**
STREET ADDRESS **12351 SW 98 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete
NAME **VILLENA, NILO E SR**
STREET ADDRESS **9601 SW 65 STREET**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 305-888-2181
Date Daytime Phone #

CR2E034 (10/02)