

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91120 048 ***150.00

DOCUMENT # P99000066115

1. Entity Name
INTERCARGO EXPRESS, INC.

Principal Place of Business

8564 NW 64 ST
MIAMI FL 33166

Mailing Address

8564 NW 64 ST
MIAMI FL 33166

2. Principal Place of Business

8315 N.W 64 ST #7

3. Mailing Address

8315 N.W 64 ST #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

JASPE, JOSE F
8564 NW 64 ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **JOSE F JASPE**

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

8315 N.W 64 ST #7.

City **MIAMI**

FL

Zip Code

33166

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, 2002 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

TITLE **PD** ☐ Delete
NAME **JASPE, JOSE F**
STREET ADDRESS **1535 SW 82ND PLACE**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VP** ☐ Delete
NAME **JASPE, MIRELLA C**
STREET ADDRESS **1535 SW 82ND PLACE**
CITY-ST-ZIP **MIAMI FL 33144**

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

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

JOSE F JASPE

4-29-2002

305-477-9040

Date

Daytime Phone #

CR2E034 (9/01)