

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90377 006 \*\*\*158.75

**DOCUMENT # P99000076141**

1. Entity Name

**T.M. CARGO GROUP, INC.**

Principal Place of Business

**1882-90 NW 82 AVE  
MIAMI FL 33126**

Mailing Address

**1882-90 NW 82 AVE  
MIAMI FL 33126**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0945537**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRASQUILLO, ANGELO  
7899 NE BAYSHORE CT APT 6-E  
MIAMI FL 33138**

Name **CARRASQUILLO, ANGELO**

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

**1410 LA BARON DRIVE**

City **MIAMI SPRINGS**

**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

**04/23/01**

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 **MARTINEZ, ANTHONY**  
STREET ADDRESS **980 E 3 STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE **SD** ☐ Delete  
NAME **MALDONADO, JEFFREY**  
STREET ADDRESS **214 E 63 ST**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **SD** ☒ Change ☐ Addition  
NAME **MALDONADO, JEFFREY**  
STREET ADDRESS **1410 LA BARON DRIVE**  
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **VD** ☐ Delete  
NAME **CAMACHO, LUIS**  
STREET ADDRESS **7899 NE BAYSHORE CT APT 6E**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VD** ☒ Change ☐ Addition  
NAME **CAMACHO, LUIS**  
STREET ADDRESS **1410 LA BARON DRIVE**  
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **TD** ☐ Delete  
NAME **CARRASQUILLO, ANGELO**  
STREET ADDRESS **7899 NE BAYSHORE CT APT 6E**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **TD** ☒ Change ☐ Addition  
NAME **CARRASQUILLO, ANGELO**  
STREET ADDRESS **1410 LA BARON DRIVE**  
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

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

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.

**ANTHONY MARTINEZ**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/23/01**

Date

**305-436-8737**

Daytime Phone #

CR2E034 (10/00)