

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99000087877**

1. Entity Name

MACRO CARGO CORPORATION

Principal Place of Business

Mailing Address

6995 N.W. 82 AVE, #33

MIAMI, FL. 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1000225

Applied For

Not Applicable

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

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 is not 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, 2000 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 **DP** ☐ Delete
NAME **Montoya, Luis Fernando**
STREET ADDRESS **6995 N.W. 82 AVE., #33**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **DP** ☐ Delete
NAME **Montoya, Luisa G.**
STREET ADDRESS **6995 N.W. 82 AVE., #33**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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

Luis Fernando Montoya 10/16/2000 (207)593-2097

Date

Daytime Phone #

FILED
00 OCT 16 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)



Accounting & Tax Service, Inc.

October 16, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Macro Cargo, Corporation

Document no. **P 99000087877**

2000 Annual Report/Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

- 1) Original Annual Business Report 2000
- 2) A check payable to the Department of State in the amount of \$158.75

We are respectfully requesting abatement of the penalties since the above corporation did not received the form at the time to file the report. This was his first year in business.

Please review the above circumstances and abate the penalty fee as Mr. Montoya acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely in the future.

We thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,


Jose A. Torres
Accountant


Luis Fernando Montoya
President