

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90412 038 ***150.00

DOCUMENT # P99000087877

1. Entity Name

MACRO CARGO, CORPORATION

Principal Place of Business

**6995 N.W. 82ND AVE., #33
MIAMI FL 33166**

Mailing Address

**6995 N.W. 82ND AVE., #33
MIAMI FL 33166**

2. Principal Place of Business

**2051 NW 79th Ave
Suite, Apt., #, etc.
MIAMI, FL
City & State**

3. Mailing Address

**2051 NW 79th Ave
Suite, Apt., #, etc.
MIAMI, FL
City & State**



DO NOT WRITE IN THIS SPACE

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

**MONTAÑA, LUIS FERNANDO
6995 N.W. 82ND AVE., #33
MIAMI FL 33166**

7. Name and Address of New Registered Agent

**Name: LUIS FERNANDO MONTAÑA
Street Address (P.O. Box Number is Not Acceptable):
2051 NW 79TH AVE
City: MIAMI FL Zip Code: 33122**

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 **LUIS FERNANDO MONTAÑA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/02

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 **MONTAÑA, LUIS FERNANDEZ**
STREET ADDRESS **6995 N.W. 82ND AVE., #33**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VPD** ☒ Delete
NAME **MONTAÑA, LUIS G**
STREET ADDRESS **6995 N.W. 82ND AVE. BAY #33**
CITY-ST-ZIP **MIAMI FL 33166**

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

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

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

Date

Daytime Phone #

3/6/02 (305) 5932121

CR2E034 (9/01)