

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90017 043 \*\*\*150.00

015881

**DOCUMENT # P99000095432**

1. Entity Name

**AM CARGO SURVEYORS, INC.**

Principal Place of Business

Mailing Address

~~6024 SW 8TH ST~~  
~~MIAMI FL 33144~~

~~P.O. BOX 144712~~  
~~CORAL GABLES FL 33114~~  
~~US~~

**646658**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1801 Ferdinand ST**  
 Suite, Apt. #, etc.  
**CORAL GABLES, FL.**

**1801 Ferdinand ST**  
 Suite, Apt. #, etc.  
**CORAL GABLES, FL.**

City & State

City & State

4. FEI Number

**65-0962792**

Applied For

Not Applicable

Zip

**33134**

Country

**US**

Zip

**33134**

Country

**US**

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

**MORE, ARMANDO JR.**

~~6024 SW 8TH ST~~  
~~MIAMI FL 33144~~

Name

**MORE, ARMANDO JR.**

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

**1801 Ferdinand ST**

City

**CORAL GABLES**

**FL**

Zip Code

**33134**

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

*Armando More Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/01**

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          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>MORE, ARMANDO JR.</b>  |                                 |
| STREET ADDRESS | <del>6024 SW 8TH ST</del> |                                 |
| CITY-ST-ZIP    | <del>MIAMI FL 33144</del> |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MORE, ARMANDO JR.</b>       |  |
| STREET ADDRESS | <b>1801 Ferdinand ST.</b>      |  |
| CITY-ST-ZIP    | <b>CORAL GABLES, FL. 33134</b> |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

*Armando More Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/01**

**305-446-2373**

Date

Daytime Phone #

CR2E034 (10/00)