

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90126 041 \*\*\*150.00

**DOCUMENT # P99000098001**

1. Entity Name  
**CARGO LOGISTIC USA, INC.**

Principal Place of Business  
**510 NE 167 STREET**  
**N. MIAMI BEACH FL 33162**

Mailing Address  
**510 NE 167 STREET**  
**N. MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

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 **65-0963115**

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

**MAIGNAN, JEAN-PATRICK**  
**510 NE 167 STREET**  
**N. MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PVT** ☐ Delete  
NAME **MAIGNAN, JEAN-PATRICK**  
STREET ADDRESS **510 NE 167 STREET**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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** **JEAN-PATRICK MAIGNAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/02**  
Date

**(305) 949-7446**  
Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*# P99000098001*  
**JAIME MAYA**  
*121959*

CERTIFIED PUBLIC ACCOUNTANT  
10806 S.W. 72nd STREET, SUITE # 104  
MIAMI, FLORIDA 33173  
Telephone: (305) 412-1479 Fax: (305) 273-0268  
E-Mail: OMYCPA@AOL.COM

07-14-2002

Division of Corporations  
Uniforms Business Reports Filing  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

RE: Cargo Logistic USA, Inc.  
EIN: 65-1099343 Document Number: P99000098001  
Uniform Business Report-Year 2002

Dear Sirs:


The taxpayer has asked that I write to request your consideration in waiving the \$400. late filing penalty.

The company has reviewed their files and show no indication of receiving the original year 2002 Uniform Business Report.

As soon as they received the enclosed second notice they immediately contacted me to complete and file the form.

Once again your consideration in waiving the late filing penalty is appreciated.

Sincerely,

  
Jaime Maya  
Certified Public Accountant

enclosure  
xc-Cargo Logistic USA, Inc.