

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90033 002 \*\*\*550.00

**DOCUMENT # P99000107767**

1. Entity Name  
**MINDON CARGO FREIGHT FORWARD, INC.**

Principal Place of Business 1440 NW 78 AVENUE FL 33126	Mailing Address 1440 NW 78 AVENUE MIAMI FL 33126
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2. Principal Place of Business 1732 NW 82 Ave Suite, Apt. #, etc.	3. Mailing Address 1732 NW 82 Ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0969788	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country USA	Zip 33126	Country USA

6. Name and Address of Current Registered Agent  CONTRERAS, GUILLERMO 1440 NW 78 AVENUE MIAMI FL 33126	7. Name and Address of New Registered Agent		
	Name CONTRERAS GUILLERMO		
	Street Address (P.O. Box Number is Not Acceptable) 1732 NW 82 Ave.		
	City MIAMI	FL	Zip Code 33126

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	CONTRERAS, GUILLERMO 6716 SW 127TH PLACE MIAMI FL 33183	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	OLEA, CESAR 13009 SW 88TH TERRACE MIAMI FL 33186	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Guillermo Contreras Date: 06/09/2000 Daytime Phone #: 305 715 7101

CR2E034 (9/99)