

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90001 045 \*\*\*150.00

0022063 AV

**DOCUMENT # S67646**

1. Entity Name  
**CARGOM, INC.**

*(Signature)*

Principal Place of Business  
**2751 S. OCEAN DR.  
HOLLYWOOD FL 33019**

Mailing Address  
**2751 S. OCEAN DR.  
HOLLYWOOD FL 33019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0276201**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GOMEZ, GEORGE L.  
3571 MAGELLAN CR #344  
N. MIAMIBeach FL 33180**

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 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 12, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOMEZ, GEORGE L.  
3571 MAGELLAN CR #344  
N. MIAMI BEACH FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/6/01 1-954 930 88 98**

CR2E034 (5/01)

Attachment  
~~Attachment~~  
A0078556

Cargon, Inc.  
Document # S67646

Gentlemen:

In reference to above document number, please be advised I never received the notice of payment.

Per conversation with Shawn on July 6, 2001, he advised me to contact you and to send payment of \$150.00 which is enclosed.

Please send all mail to:

Mr. George Homer  
3571 Magellan Circle #344  
Aventura Florida 33180

Thank you for your attention

Yours Truly

Jim F. Jim