

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91345 028 ***150.00

DOCUMENT # **S70203**

1. Entity Name

U.S. CARGO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8535 N.W. 29 ST

3. Mailing Address

8535 N.W. 29 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

FLA

Country

33122

Zip

FLA

Country

U.S.A

4. FEI Number

65-027 4502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GAMAS, DANIEL

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

8535 N.W. 29 ST

City

MIAMI

FL

Zip Code

33122

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	SD SHAW, JOHN H. 10940 S.W. 91 ST MIAMI, FLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMAS, DANIEL 635 BUTTERWOOD LANE MIAMI, FLA 33031
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TITLE 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 on an attachment with an address, with all other life employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. GAMAS, Pres

Date

5/14/02

Daytime Phone #

305-477-6660

CR2E034B (12/01)