

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76417

1. Entity Name
DATA CARGO CO., INC.

Principal Place of Business
8235 NW 68 ST
MIAMI FL 33166
US

Mailing Address
8235 NW 68 ST
MIAMI FL 33166
US

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 65-0287463

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

RUGGIERO, FABIO CAETANO
2000 NE 36TH PL
MIAMI FL 33139

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 _____ (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 \$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	P	<input type="checkbox"/> Delete
NAME	RUGGIERO, FABIO CAETANO	
STREET ADDRESS	20000 N E 36TH PLACE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	RUGGIERO, MARIA H	
STREET ADDRESS	20000 NE 36TH PLACE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUGGIERO, RENATO	
STREET ADDRESS	20000 NE 36TH PLACE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUGGIERO, ANA PAULA	
STREET ADDRESS	20000 NE 36TH PLACE	
CITY-ST-ZIP	AVENTURA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUGGIERO, JR. FABIO	
STREET ADDRESS	20000 NE 36TH PLACE	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
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		
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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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90101 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)