

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76417

1. Entity Name

DATA CARGO CO., INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90044 047 ***150.00

0262867 AV

Principal Place of Business

Mailing Address

~~8235 NW 68 ST~~
~~MIAMI FL 33166~~
 US

~~8235 NW 68 ST~~
~~MIAMI FL 33166~~
 US



2. Principal Place of Business

3. Mailing Address

8757 NW 35TH LANE

8757 NW 35TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL,City & State
MIAMI FL,

4. FEI Number 65-0287463

Applied For

Not Applicable

Zip
33172Country
USAZip
33172Country
USA5. 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)

20000

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 \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P RUGGIERO, FABIO CAETANO 20000 N E 36TH PLACE AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RUGGIERO, MARIA H 20000 NE 36TH PLACE AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUGGIERO, RENATO 20000 NE 36TH PLACE AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUGGIERO, ANA PAULA 20000 NE 36TH PLACE AVENTURA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUGGIERO, JR. FABIO 20000 NE 36TH PLACE AVENTURA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIS ANDRES SARA 5560 NW 114TH AVENUE #101 MIAMI FL, 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/25/02 (305) 471-6966

CR2E034 (9/01)