

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1'

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90141 014 \*\*\*150.00

**DOCUMENT # V16398**

1. Entity Name

MARACARGO INC.

Principal Place of Business

7500 NW 41ST STREET  
STE 106  
MIAMI FL 33166  
US

Mailing Address

7500 NW 41ST STREET  
STE 106  
MIAMI FL 33166-6774  
US

2. Principal Place of Business

3. Mailing Address

MARACARGO, INC.  
P.O. BOX 667780  
MIAMI, FLORIDA 33166

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0318030**

Applied For

Not Applicable

Zip **FL**

Country **33166**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALOM, ALFREDO  
600 NW 43 CT  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

**Griselda Alom**

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

**600 NW 43 Court**

City

**Miami**

FL

**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

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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALOM, ALFREDO	
STREET ADDRESS	600 NW 43 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAMEJO, VINCENTE E.	
STREET ADDRESS	600 NW 43 CT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, CARLOS	
STREET ADDRESS	8533 SOUTHWEST 5TH STREET, SUITE 101	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Griselda Alom	
STREET ADDRESS	600 NW 43 Court	
CITY-ST-ZIP	Miami, Florida 33126	
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		
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		

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 #

**4/10/00 305 594-6963**