

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28769

1. Entity Name

UNITED CARGO SYSTEMS INC.

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

05-12-2000 90089 004 ***150.00

Principal Place of Business

1650 N.W. 94TH AVENUE
MIAMI FL 33172

Mailing Address

P.O. BOX 522632
MIAMI FL 33152-2632

2. Principal Place of Business

10813 NW 30 ST

3. Mailing Address

PO BOX 522632

Suite, Apt. #, etc.

Box 107

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL

City & State

MIAMI

Zip

33172

Country

MAI/1000E

Zip

FL 33152

Country

MAI/1000E



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0325833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, LUIS A.
7204 FAIRWAY DRIVE, #126
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

CHARO LATORRE

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

14640 HARRIS PLACE

City
MIAMI LAKES

FL

Zip Code
33014

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

04-17-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LATORRE, CHARO
6510 LAKE BLUE DR.
MIAMI FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RUIZ, LUIS A
7204 FAIRWAY DR., #126
MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-17-00

305 479-5274

CR2E034 (9/99)