

V55748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **UNION CARGO INC.**

Name of Corporation

DOCUMENT NUMBER: **V55748**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MONICA TORRES RESTREPO**

Name of Contact Person

**UNION CARGO INC.**

Firm/Company

**6316 NW 99TH AVE**

Address

**DORAL, FL 33178**

City/State and Zip Code

**unicar@unioncargoinc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MONICA TORRES RESTREPO** at **786 464-1674**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNION CARGO INC.  
2. The principal office address: 6316 NW 99TH AVE  
DORAL, FL 33178  
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 08/08/1992 Document number: V55748

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

6316 NW 99TH AVE,

DORAL, FL 33178

MARIAJOSE RODRIGUEZ

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MONICA TORRES RESTREPO

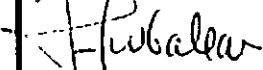
704 NW 111TH PL APT 4

P.O. Box NOT acceptable

MIAMI, FL 33172

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

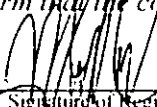


Signature of an officer or director

ALVARO GALEANO

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

03/27/2018

Date

If signing on behalf of an entity:

MONICA TORRES RESTREPO

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

2018 APR -2 AM 10:06

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