

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90390 033 \*\*\*\*50.00

955917

DOCUMENT # **L 01000020703**

1. Entity Name

**INTERNATIONAL PRO CARGO, LLC**

Principal Place of Business

**2520 W 78 ST, BAY A5  
 HIALEAH, FL, 33016**

Mailing Address

**2520 W 78 ST, BAY A5  
 HIALEAH, FL 33016**

2. Principal Place of Business

**2520 WEST 78 ST**

3. Mailing Address

**2520 WEST 78 ST**

Suite, Apt. #, etc.

**BAY A5**

Suite, Apt. #, etc.

**BAY A5**

City & State

**HIALEAH, FL**

City & State

**HIALEAH, FL**

4. FEI Number

**05-1156894**

Applied For  
 Not Applicable

Zip

**33016**

Country

**USA**

Zip

**33016**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

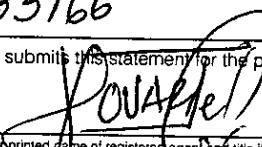
**TOVAR DEL-CORRAL, JOSE G.  
 8180 NW 36 ST  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name **TOVAR DEL CORRAL, JOSE G. %**  
 Street Address (P.O. Box Number is Not Acceptable) **ALIAS TOVAR & ASSOCIATED, P.A.**  
**8180 NW 36 ST**  
 City **MIAMI** State **FL** Zip Code **33166**

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



**JOSE G. TOVAR DELCORRAL**

**04/24/02**

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, 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

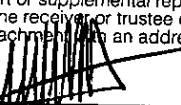
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>LA FONTAINE, PAUL</b>	
STREET ADDRESS	<b>304 CONSERVATION DRIVE</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>JIMENEZ, SERGIO</b>	
STREET ADDRESS	<b>304 CONSERVATION DRIVE</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MONROY, MARCOS</b>	
STREET ADDRESS	<b>195 LAKEVIEW DRIVE #102</b>	
CITY-ST-ZIP	<b>WESTON, FL 33376</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ ORLANDO</b>	
STREET ADDRESS	<b>195 LAKEVIEW DRIVE #102</b>	
CITY-ST-ZIP	<b>WESTON, FL 33376</b>	
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		<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		
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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:



**PAUL LA FONTAINE MGRM**

**4/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (11/00)