

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91199 002 \*\*\*150.00

**DOCUMENT # P01000097155**

1. Entity Name  
**RUIZ ACOSTA CORPORATION**

Principal Place of Business

**% EMILIO PASTOR. ESQ.**  
**255 UNIVERSITY DRIVE**  
**CORAL GABLES FL 33134**

Mailing Address

**% EMILIO PASTOR. ESQ.**  
**255 UNIVERSITY DRIVE**  
**CORAL GABLES FL 33134**



2. Principal Place of Business

**% TRANSYSTEM CARGO CORP.**

Suite, Apt. #, etc.  
**7374 NW 114 TERRACE**

City & State  
**Parkland FL**

Zip Country  
**33076 USA**

3. Mailing Address

**% TRANSYSTEM CARGO CORP.**

Suite, Apt. #, etc.  
**7374 NW 114 TERRACE**

City & State  
**Parkland FL**

Zip Country  
**33076 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**75-3017646**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PASTOR, EMILIO C ESQ.**  
**255 UNIVERSITY DRIVE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
**JAIRO A SANDOVAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4069 Holly CT**  
 City  
**WESTON FL** Zip Code  
**33331**

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

*Ruij Acosta*  
 Signature of registered agent and title if applicable.

**REGISTERED AGENT**  
**JAIRO A SANDOVAL**  
 Signature of registered agent when reinstating)

**04-12-02**  
 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ACOSTA BUITRAGO, MARTHA G</b>
STREET ADDRESS	<b>CARRERA 22 #173-50 CASA 76, QUINTA DEL RDI</b>
CITY-ST-ZIP	<b>BOGOTA, COLOMBIA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RUIZ VILLARREAL, HERNANDO A</b>
STREET ADDRESS	<b>CARRERA 22 #173-50 CASA 76, QUINTA DEL RDI</b>
CITY-ST-ZIP	<b>BOGOTA, COLOMBIA</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Hernando Ruiz*  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-12-02**  
 Date

**954-3853140**  
 Daytime Phone #

CR2E034 (9/01)