

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494266

1. Entity Name

EASTERN INTERNATIONAL FORWARDERS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90080 010 ***150.00

Principal Place of Business

Mailing Address

9981 S.W. 20 STREET
MIAMI FL 33165
US

9981 S.W. 20 STREET
MIAMI FL 33165-3820
US

2. Principal Place of Business

10021 S.W. 33 Street
Suite, Apt. #, etc.

3. Mailing Address

10021 S.W. 33 Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip
3165

Country
USA

City & State

Miami, FL

Zip
33165

Country
USA

4. FEI Number

59-2044937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTERO, BERNARD
9981 SW 20 ST.
MIAMI FL 33165

Name

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

10021 S.W. 33 St.

City
Miami

FL

Zip Code
33165

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)

3/8/00

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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|----------------|-----------------|---------------------------------|
| PST | COTERO, BERNARD | 9981 SW 20 ST. | MIAMI, FL 00000 | <input type="checkbox"/> |
| D | COTERO, GEORGIA | 9981 SW 20 ST | MIAMI FL 33165 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|-------------------|-----------------|--|
| | | 10021 S.W. 33 St. | Miami, FL 33165 | <input type="checkbox"/> |
| V/D | | 10021 S.W. 33 St. | Miami, FL 33165 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Cotero 3/8/00

Date

305-552-8311

Daytime Phone #

CR2E034 (9/99)