

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90030 006 ***158.75

DOCUMENT # F01000001709

1. Entity Name

MANILA FORWARDERS & CONSOLIDATORS, INC.

Principal Place of Business

**8241-B BACKLICK RD
 LORTON VA 22079**

Mailing Address

**8241-B BACKLICK RD
 LORTON VA 22079**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1669482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PARAZO JR, JESUS
 14349 SOUTH WEST 166 TERRACE
 MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name

JOSE J. CASTRO

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

2683 ST. JOHNS BLUFF RD, SUITE 149

City **Jacksonville**

FL

Zip Code **32241**

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 J. CASTRO - BRANCH MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **CASTRO, MARIANO F**
 CITY-ST-ZIP **8241-B BACKLICK RD
 LORTON VA**

TITLE ☐ Change ☒ Addition
 NAME **VP OPERATION**
 STREET ADDRESS **JOSE MARIA J. CASTRO**
 CITY-ST-ZIP **2683 ST. JOHNS BLUFF RD. STE. 149
 JACKSONVILLE, FL 32241**

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **CASTRO, MARIA C**
 CITY-ST-ZIP **8241-B BACKLICK RD
 LORTON VA**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CASTRO, REY J**
 CITY-ST-ZIP **8241-B BACKLICK RD
 LORTON VA**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CASTRO, CRISANTO J**
 CITY-ST-ZIP **8241-B BACKLICK RD
 LORTON VA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02 (713) 332 4420
 Date Daytime Phone #

CR2E034 (9/01)