FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State P92000000294 DOCUMENT # 1. Entity Name 04-29-2002 90001 043 \*\*\*150 00 ADVANCE INTERNATIONAL FORWARDERS, CORP. Principal Place of Business Mailing Address 8264 NW 14TH ST. 8264 NW 14TH ST. MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 3475 NW ヨタフィー メレビ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0367831 1ami Iam! Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Daniel Catena CATENA, NELLY B Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVE SONNY ISLES BEACH FL 33160 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submit SIGNATURE stered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Change CATENA, NELLY B NAME NAME 14501 SW 93 AVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE CATENA, DANIEL A NAME 16711 COZGINS AVENUE # 2301 STREET ADDRESS 14501 SW 93 AVE STREET ADDRESS SUNNY ISLES BEACH - FL 33160 CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CATENA, NADIA-I NAME NAME STREET ADDRESS 14501 SW 93 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition CATENA, ADRIANA P NAME NAME 14501 SW 93 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR