## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000082820** Mar 23, 2000 8:00 am Secretary of State BLANCO FORWARDERS, INC. 03-23-2000 90003 024 \*\*\*150.00 Mailing Address Principal Place of Business 1348 NW 78TH AVE 1348 NW 78TH AVE MIAMI FL 33126-1606 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Citỳ & State Applied For 4. FEI Number City & State 65-0543309 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATES, LESTER G ESO Street Address (P.O. Box Number is Not Acceptable) **GABLES INTERNATIONAL PLAZA STE 807** 2655 LE JEUNE RD CORAL GABLES FL 33134 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ĎΡ ☐ Change ☐ Delete TIT! F BLANCO, EDUARDO NAME NAME 1348 NW 78 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Change Addition ☐ Defete TITLE TITLE BLANCO, REBECA NAME STREET ADDRESS 1348 NW 78 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF MIAMI FL 33126 . \_\_\_ Change \_\_\_ Addition . 🔲 . Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

of the corporation or the receiver or trustee changed, or on an attachment with