

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90153 016 \*\*\*150.00

**DOCUMENT # V53761**

1. Entity Name  
**DEMARK CUSTOMS BROKER, INC.**

Principal Place of Business

**1950 NW 70TH AVE  
 MIAMI FL 33126  
 US**

Mailing Address

**PO BOX 52-1456  
 MAIMI FL 33152-1456  
 US**

**00038085**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11421 N.W. 39TH Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, Florida**

City & State

4. FEI Number

**65-0350492**

Applied For

Not Applicable

Zip

**33178**

Country

**USA**

Zip

Country

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

**RAMIREZ, MIRNA  
 1950 NW 70TH AVE  
 MIAMI FL 33126**

Name

**Ramirez, Mirna**

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

**11421 N.W. 39TH STREET**

City

**MIAMI**

**FL**

Zip Code

**33178**

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

**MIRNA Ramirez - President**

**04-11-01**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PST** ☐ Delete  
 NAME **RAMIREZ, MIRNA**  
 STREET ADDRESS **1950 NW 70TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PST** ☒ Change ☐ Addition  
 NAME **Ramirez, mirna**  
 STREET ADDRESS **11421 N.W. 39TH Street**  
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **D** ☐ Delete  
 NAME **RAMIREZ, MIRNA**  
 STREET ADDRESS **1950 NW 70TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Ramirez, mirna**  
 STREET ADDRESS **11421 N.W. 39TH Street**  
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **VD** ☐ Delete  
 NAME **RAMIREZ, RAMIRO M.**  
 STREET ADDRESS **1950 NW 70TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **Ramirez, Ramiro M.**  
 STREET ADDRESS **11421 N.W. 39TH Street**  
 CITY-ST-ZIP **MIAMI, FL 33178**

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

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:

**MIRNA Ramirez**

**04-11-01**

**305 477-0046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)