

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823750

1. Entity Name

NATIONAL CARGO BUREAU INC

Principal Place of Business

90 WEST STREET  
STE 2000  
NEW YORK NY 10006-1039

Mailing Address

90 WEST STREET  
STE 2000  
NEW YORK NY 10006-1039

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 13-5615188

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

KOEHLER, WILLIAM R.  
202 S. 22ND ST.  
SUITE #207  
TAMPA FL 33605

Name

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

City

FL

Zip Code

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.

(NOT: 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!**  
**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 S ☐ Delete  
NAME LEONARD, IAN J  
STREET ADDRESS 90 WEST STREET  
CITY-ST-ZIP NEW YORK NY 10006

TITLE T ☐ Delete  
NAME DESIMONE, RICHARD D  
STREET ADDRESS THREE GIRALDA FARMS  
CITY-ST-ZIP MADISON NJ 07940

TITLE CB ☐ Delete  
NAME ZREBIEC, JAMES A  
STREET ADDRESS 77 WATER ST  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete  
NAME POUCH, ROBERT  
STREET ADDRESS 17 BATTEN PLACE ROOM 2435  
CITY-ST-ZIP NEW YORK NY 10004

TITLE P ☐ Delete  
NAME MCNAMARA, JAMES J  
STREET ADDRESS 90 WEST STREET  
CITY-ST-ZIP NEW YORK NY 10006

TITLE D ☐ Delete  
NAME JOHNSON, NIELS M  
STREET ADDRESS ONE WHITEHALL ST  
CITY-ST-ZIP NY NY

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 no 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 is 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

5/30/01

Date

212-571-5000

Daytime Phone #

FILED  
Jun 05, 2001 8:00 am  
Secretary of State

06-05-2001 90028 003 \*\*\*550.00

00057598



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)