

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90073 043 ***150.00

032338 AV

DOCUMENT # 647487

1. Entity Name

ASSOCIATED CUSTOMSHOUSE BROKERS, INC.

Principal Place of Business

**3321 SW 11TH AVE
 FT. LAUDERDALE FL 33315
 US**

Mailing Address

**3321 SW 11TH AVE
 FT. LAUDERDALE FL 33315
 US**

B0065258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 Ravenswood Rd.

3. Mailing Address

4101 Ravenswood Rd.

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

DANIA, FL

City & State

DANIA, FL

4. FEI Number

59-1950575

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VOLKERS, JANE M.

3321 S2 11TH AVE

FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name **VOLKERS, JANE M.**

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

4101 Ravenswood Rd., #108

City **DANIA**

FL

Zip Code

33312

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.

(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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	VOLKERS, JANE M.	
STREET ADDRESS	3321 SW 11TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLKERS, SCOTT P.	
STREET ADDRESS	3321 SW 11TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLKERS, JANE M.	
STREET ADDRESS	4101 Ravenswood Rd., #108	
CITY-ST-ZIP	Dania, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE M. VOLKERS

Date

4-5-02 954-583-0903

Daytime Phone #

CR2E034 (9/01)