2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 703023** May 01, 2000 8:00 am Secretary of State 1. Entity Name THE FLORIDA CUSTOMS BROKERS AND FORWARDERS ASSOC 05-01-2000 90365 019 ****61.25 Principal Place of Business Mailing Address P.O. BOX 522022 5600 N.W. 36TH STREET MIAMI FL 33152-2022 SUITE 611 DIAM XAKES FIX3006K MIAMI SPRINGS, FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2103610 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **FCBF** 5600 N.W. 36TH STREET SUITE 611 Zip Code FL MIAMI SPRINGS FL 33166 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. April 18, 2000 Yira Lugo, Administrator SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regis 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME JOHN ABISCH REDBAZAXBAULX NAME STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611 STREET ADDRESS MIAMI SPRINGS, FL CITY-ST-7IP CITY-ST-ZIP MIATAK KAKESYELX33/166X ☐ Addition X Change TITLE VPD □ Delete TITLE

NAME NAME DEXMYAXMORGE ROGER MADAN STREET ADDRESS STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611 CITY-ST-ZIP CITY-ST-ZIP MHAMILLAKESYELY30166X MIAMI SPRINGS, FL 33166 ☐ Addition X Change TITLE **VPD** ☐ Delete TITLE NAME REVNOLDSXJAXX NAME DAMIANO PIGNATO STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS, FL 33166 MIAMILKAKESKELX33166K X Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MARINO, ALBERTO JR STREET ADDRESS STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611 CITY-ST-ZIP CITY-ST-ZIP MIAMILLAKESXELX33166X MIAMI SPRINGS, FL 33166 ☐ Addition ☐ Delete TITLE XI Change TITLE VERSACI, DANTE II NAME NAME STREET ADDRESS STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611 CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS, FL 33166 MIANALLAKESKELX33×160× XX Delete TITLE XI Change ☐ Addition TITLE

5600 N.W. 36TH STREET, SUITE/611 12. I hereby certify that the information supplied with this fill indicated on this report of supplemental report is true a of the corporation or the receiver or trustee employment ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

NAME

STREET ADDRESS

CITY-ST-ZIP

Versaci II

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AGMIRREXIOSE

asurer/

4/18/00 Date

RAUL PEDRAZA

MIAMI SPRINGS, FL

(305) 871-7177

Daytime Phone #