

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90961 002 \*\*\*\*61.25

**DOCUMENT # 703023**

1. Entity Name

**THE FLORIDA CUSTOMS BROKERS AND FORWARDERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5600 N.W. 36TH STREET  
 SUITE 611  
 MIAMI SPRINGS FL 33168

P.O. BOX 522022  
 MIAMI FL 33152

80057200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2103610

Applied For

Not Applicable

Zip

Country

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

FCBF  
 5600 N.W. 36TH STREET  
 SUITE 611  
 MIAMI SPRINGS FL 33168

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution:

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME MADAN, ROGER  
 STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611  
 CITY-ST-ZIP MIAMI SPRINGS FL 33168

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME PASQUIS, GISELE  
 STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611  
 CITY-ST-ZIP MIAMI SPRINGS FL 33168

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME PIGNATO, DAMIANO  
 STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611  
 CITY-ST-ZIP MIAMI SPRINGS FL 33168

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME MARINO, ALBERTO JR  
 STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611  
 CITY-ST-ZIP MIAMI SPRINGS FL 33168

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME VERSACI, DANTE II  
 STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611  
 CITY-ST-ZIP MIAMI SPRINGS FL 33168

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE C  Delete  
 NAME ABISCH, JOHN  
 STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611  
 CITY-ST-ZIP MIAMI SPRINGS FL 33168

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02  
 Date

Daytime Phone #

CR2E037 (9/01)