

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003536

1. Entity Name

WORLD CARGO ALLIANCE, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90211 043 \*\*\*158.75

Principal Place of Business

P.O. BOX 22477  
DENVER CO 80222-0477

Mailing Address

P.O. BOX 22477  
DENVER CO 80222-0477

937557



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 84-1481338

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

YOKEUM, DAVID L  
4851 NW 103 AVENUE #43  
SUNRISE FL 33351

Name

Yokeum, David L.  
Street Address (P.O. Box Number is Not Acceptable)

6701 NW 7th St., Ste. 156E

City

Miami

FL

Zip Code

33126

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

*David L. Yokeum*

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 P  
NAME YOKEUM, DAVID ☐ Delete  
STREET ADDRESS 4851 NW 103 AVENUE #43  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☒ Change ☐ Addition  
NAME 6701 NW 7th St., Ste. 156E  
STREET ADDRESS miami, FL 33126  
CITY-ST-ZIP

TITLE VPST  
NAME LUCIA, DAVID A ☐ Delete  
STREET ADDRESS 5580 E. AMHERST AVENUE  
CITY-ST-ZIP DENVER CO 80222

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  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*David A. Lucia* David A. Lucia, VP

3/16/01

303.759.8697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)