

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90130 042 *****50.00

DOCUMENT # L00000007380

1. Entity Name
**SEAIR CONCORD INTERNATIONAL FORWARDING,
L.C.**



Principal Place of Business
**10480 NW SOUTH RIVER DR
MEDLEY, FL 33178**

Mailing Address
**10480 NW SOUTH RIVER DR
MEDLEY, FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1018318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**VELEZ, ERWIN
10480 NW SOUTH RIVER DR
MEDLEY, FL 33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TAWIL, NICHOLAS I
STREET ADDRESS 10480 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY, FL 33178

TITLE MGR ☐ Delete
NAME VELEZ, ERWIN
STREET ADDRESS 10480 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY, FL 33178

TITLE MGR ☒ Delete
NAME FERNANDEZ, OLGA
STREET ADDRESS 10480 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/03 (305) 882-1788
Date Daytime Phone #

CR2E083 (10/02)