

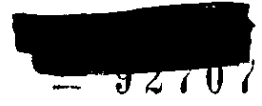
05-15-2002 90055 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 0000000 9931** ✓
 1. Entity Name

M. D. H. FORWARDING L.C.

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
225 W. 74 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
225 W. 74 PLACE
 Suite, Apt. #, etc.

City & State
MIAMI, FL 33014

City & State
MIAMI 33014

Zip Country Zip Country

4. FEI Number **65-1038668** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **HERNANDEZ, VIVIAN**
 Street Address (P.O. Box Number is Not Acceptable)
8550 W. FLAGLER ST. # 119
 City **MIAMI** FL Zip Code **33144**

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 resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$160.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR CREAZOLA, JULIO C. 10246 NW 57TH AVE MIAMI FL, 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAZA, MAURICIO 12300 N.W. 11 COURT Pembroke Pines FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E0348 (12/01)