

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90294 014 ***150.00

DOCUMENT # M35291

1. Entity Name

AMERITRANS CARGO BROKERS, INC.

Principal Place of Business

**7102 N.W. 50TH STREET
 MIAMI FL 33166
 US**

Mailing Address

**P.O. BOX 520507 GMF.
 MIAMI FL 33152-0507
 US**

2. Principal Place of Business

7102 N.W. 50th STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

59-2693106

Applied For

Not Applicable

Zip

Country

33166-5636

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

**LEON, MARTIN
 7102 NW 50TH STREET
 MIAMI FL 33166**

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

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 ☐ Delete
 NAME **CPSD**
 STREET ADDRESS **MARTIN, LEON**
 CITY-ST-ZIP **7102 NW 50TH ST
 MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **CPSD**
 STREET ADDRESS **LEON, MARTIN R.**
 CITY-ST-ZIP **7102 N.W. 50th STREET
 MIAMI, FLORIDA 33166-5636**

TITLE ☐ Delete
 NAME **EVP**
 STREET ADDRESS **ZULUAGA, HENRY**
 CITY-ST-ZIP **7102 NW 50TH STREET
 MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPAS**
 STREET ADDRESS **LEON, ROY**
 CITY-ST-ZIP **405 SOUTH BUTLER BLVD # 11
 LANSING MI 48915**

TITLE ☒ Change ☐ Addition
 NAME **VPAS**
 STREET ADDRESS **LEON, ROY**
 CITY-ST-ZIP **7102 N.W. 50th STREET
 MIAMI, FLORIDA 33166-5636**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01 (305)599-2662

Date

Daytime Phone #

CR2E034 (10/00)