

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90091 034 \*\*\*167.50

02569998 AV

**DOCUMENT # M35291**

1. Entity Name  
**AMERITRANS WORLD GROUP, INC.**



Principal Place of Business  
**7102 N.W. 50TH STREET  
MIAMI FL 33166-5636  
US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2693106**

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

**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. 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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD  
MARTIN, LEON  
3684 S.W. 21ST STREET  
MIAMI FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD  
LEON, MARTIN  
3684 S.W. 21st STREET  
MIAMI, FL 33145-1704** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCS  
OCAMPO, CESAR  
12317 S.W. 95TH TERRACE  
MIAMI FL 33186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCVPD  
OCAMPO, CESAR  
12317 S.W. 95th TERRACE  
MIAMI, FL 33186** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
ZULUAGA, HENRY  
152 S.W. 46TH LANE  
MIAMI FL 33185** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
OCAMPO, ANDRES  
12317 S.W. 95th TERRACE  
MIAMI, FL 33186** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
OSPINA, CARLOS  
15630 S.W. 49TH STREET  
MIAMI FL 33185** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T D  
BUIRAGO, HUMBERTO  
3684 S.W. 21st STREET  
MIAMI, FLORIDA 33145-1704** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPDS  
LEON, ROY  
3684 S.W. 21ST STREET  
MIAMI FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPASD  
LEON, ROY  
8912 S.W. 142nd AVENUE # 427  
MIAMI, FL 33186** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVP  
VEGA, GUILLERMO  
17412 S.W. 33rd STREET  
MIAMI, FL 33029** ☐ Change ☐ Addition

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 607, 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 empowered.

**SIGNATURE: MARTIN ROY LEON**

02-17-03

(305) 599-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Block 11 Attached Sheet to

*Attachments*

*80032810*

**2003 FOR PROFIT CORPORATION  
UNIFORME BUSINESS REPORT (UBR)**

DOCUMENT # **M35291**

Entity Name

**AMERITRANS WORLD GROUP, INC.**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE AVP  
NAME Jairo Leon  
STREET ADDRESS 5701 N. W. 112<sup>th</sup> Court  
CIT-ST-ZIP Miami, FL 33178



Addition

TITLE AVP  
NAME Gustavo Escobar  
STREET ADDRESS 768 N. W. 132<sup>nd</sup> Court  
CIT-ST-ZIP Miami, Florida 33182



Addition

I hereby certify that the information supplied with this attached sheet to the 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 attached sheet of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changes, or on an attachment with an address, with all other like empowered.

Signature: **MARTIN ROY LEON**

**02-17-03**

**(305) 599-2662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #