FILED

2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is

of the corporation or the receiver o changed, or on an attachment wit

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # N01000002109 1. Entity Name 04-02-2002 90940 034 ****61 25 TRADE AND TRANSPORT COUNCIL, INC. Principal Place of Business Mailing Address 7175 SW 8TH STREET 7175 SW 8TH STREET SUITE 201 MIAMI FL 33144 SHITE 201 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VALDES, CARLOS L 7175 SW 8TH STREET **SUITE 201** City Zip Code **MIAMI FL 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 DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE . Delete TITLE ☐ Change ☐ Addition NAME VALDES, CARLOS L NAME CR2E037 STREET ADDRESS STREET ADDRESS 7175 SW 8TH STREET CITY-ST-ZIE CITY-ST-ZIP MIAMI_FL 33144 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BRACHEISEN, BRUCE STREET ADDRESS STREET ADDRESS 7175 SW 8TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DURDEN, EARL NAME STREET ADDRESS STREET ADORESS 7175 SW 8TH STREET CITY-ST-ZIP CITY-ST-7IP <u>miami FL 33144</u> ☐ Delete TITLE ☐ Change ☐ Addition DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if it all other like empowered.

(305) 267/209