

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27962

1. Entity Name

SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1208 MANER DR. S.
WESTON FL 33326

1208 MANER DR. S.
WESTON FL 33326-2823

2. Principal Place of Business

2401 N.W. 69 STREET

3. Mailing Address

1208 MANOR DR. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33147

Country

U.S.A.

Zip

Country

4. FEI Number

65-0093374

Applied For

Not Applicable

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

SANDLER, GILBERT LEE
SANDLER, TRAVIS & ROSENBERG, P.A.
5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI FL 33126-9022

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
BLOMQUIST, BRIAN
1208 MANER DR., S
WESTON FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

D
DE TUYA, JORGE
11700 NW 100 ROAD
MEDLEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

S
BAXT, MITCH
1801 NW 82 AVE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

P
ABISCH, JOHN
2401 N W 69TH ST
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

D
LESNIK, GERALD
2401 NW 69TH ST.
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

D
PERNAS, JUAN CARLOS
9905 N.W. 88TH AVE.
MEDLEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90155 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)