

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008883

1. Entity Name

FRIENDLY FORWARDERS, INC.

Principal Place of Business

316 MIRALCE MILE, SUITE 2
CORAL GABLES FL 33134

Mailing Address

316 MIRALCE MILE
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

EIN 65-0983774

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA
1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

MARISOL TAMARGO

Street Address (P.O. Box Number is Not Acceptable)

1552 36TH AVENUE

CORAL GABLES, FL 33134

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

Marisol Tamargo

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TAMARGO, FRANCISCO	
STREET ADDRESS	316 MIRALCE MILE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIANA	
STREET ADDRESS	316 MIRALCE MILE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TAMARGO, MARISOL	
STREET ADDRESS	316 MIRALCE MILE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MARISOL TAMARGO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	316 MIRALCE MILE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MARIANA GONZALEZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT-SECRETARY	
STREET ADDRESS	2919 S.W. 17 STREET	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	AUR LORENA TAMARGO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE-PRESIDENT-TREASURER	
STREET ADDRESS	5701 S.W. 81 STREET	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

MARISOL TAMARGO, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2001

Date

Daytime Phone #

CR2034 (10/00)