2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 08:00 AM DOCUMENT # P0000056916 1. Entity Name **Secretary of State** ADVANCED CUSTOMS BROKERS, INC. Principal Place of Business Mailing Address 1730 NW 96TH AVENUE P.O. BOX 226755 MIAMI FL MIAMI FL 33172 331226755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1015419 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARELA ERNESTO 13737 SW 34TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33175 US 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. 04/25/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change TORRES MAME FERNANDO NAME TORRES FERNANDO 15148 SW 95TH STREET STREET ADDRESS STREET ADDRESS 5102 NW 79 AVE., APT. 105 CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP ☐ Delete \mathbf{v} TITLE ☐ Change NAME VARELA HILDA \mathbf{C} NAME STREET ADDRESS 13737 SW 34TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition VARELA ERNESTO NAME STREET ADDRESS 13737 SW 34TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI 33175 CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/25/2001

Daytime Phone #

Date

FERNANDO A TORRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _