

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91288 028 ***150.00

DOCUMENT # P00000069524

1. Entity Name
INTERNATIONAL CARRIER'S UNION INC.

Principal Place of Business
1325 NE 202 STREET
MIAMI, FL 33179

Mailing Address
1325 NE 202 STREET
MIAMI, FL 33179

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
65-1025726

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

A0067773

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HEWITT, DONOVAN
1325 NE 202 STREET
MIAMI, FL 33179

7. Name and Address of New Registered Agent
 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 _____ DATE _____
 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 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**

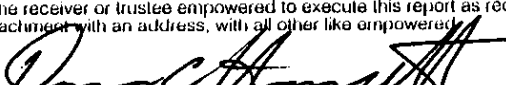
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWITT, DONOVAN 1325 NE 202 STREET MIAMI, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, PAMELA 1325 NE 202 STREET MIAMI, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, DAVID 1325 NE 202 STREET MIAMI, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWMAN, KERRY 1325 NE 202 STREET MIAMI, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  4/27/01 305652-0492

CR2E034 (10/00)