

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000084173**

1. Entity Name

S & B INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business

**4550 SW 75 AVE
MIAMI FL 33155**

Mailing Address

**4550 SW 75 AVE
MIAMI FL 33155**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 557066

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33255

Country

6. Name and Address of Current Registered Agent

**THOMAS, DUDLEY L
4550 SW 75 AVE
MIAMI FL 33155**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002, 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 **D** ☐ Delete
NAME **GONZALEZ, TAMMY**
STREET ADDRESS **4550 SW 75 AVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VP** ☒ Delete
NAME **SAENZ, CRYSTAL**
STREET ADDRESS **4550 SW 75 AVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **S/T** ☐ Delete
NAME **Dudley Thomas**
STREET ADDRESS **4550 SW 75 Ave.**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Luis Londono**
STREET ADDRESS **4950 SW 75 Ave.** **Miami, FL 33155**

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

TITLE ☐ Change ☐ Addition
NAME **100005183601--2**
STREET ADDRESS **-04/02/02--01060--007**
CITY-ST-ZIP ******158.75 ****158.75**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2002

(305) 667-9725

APPROVED
AND
FILED

02 MAR 25 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE