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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 22, 2002 8:00 am DOCUMENT # P01000018709 **Secretary of State** 1. Entity Name 03-22-2002 90020 035 ***150.00 GEORGE S. ENGERS CUSTOMS BROKER INC. Principal Place of Business Mailing Address 9600 NE 25TH STREET 9600 NE 25TH STREET R0046216 SUITE 5-F SUITE 5-F MIAM! FL 33172 MIAMI FL 33172 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 65-1078482 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGERS, GEORGE S Street Address (P.O. Box Number is Not Acceptable) 9600 NE 25TH STREET SUITE 5-F **MIAMI FL 33172** City Zip Code इंट 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. SĮGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME ENGERS, GEORGE S STREET ADDRESS STREET ADDRESS 9600 NE 25TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME **ENGERS, GEORGE S** STREET ADDRESS STREET ADDRESS 9600 NE 25TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME 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.