

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90051 002 \*\*\*150.00

**DOCUMENT # P01000033440**

1. Entity Name

**COMMONWEALTH CUSTOM BROKER, INC.**

Principal Place of Business

**8100 NW 29<sup>th</sup> ST  
 MIAMI FL  
 33122**

Mailing Address

**P.O. BOX 524002  
 MIAMI FL 33122**

2. Principal Place of Business

**8100 NW 29 ST  
 Suite, Apt. #, etc.  
 N.**

3. Mailing Address

**P.O. BOX 524002  
 Suite, Apt. #, etc.**

City & State

**MIAMI, FL**

City & State

**MIAMI FL**

4. FEI Number

**65-1134269**

Applied For

Not Applicable

Zip

**33122**

Country

**USA**

Zip

**33122**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CUELLAR ADOLFO A.  
 999 PONCE DE LEON #715  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **RICK BETANCOURT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8100 NW 29<sup>th</sup> STREET**  
 City **MIAMI** FL Zip Code **33122**

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

**RICK BETANCOURT, PRESIDENT**

**4/26/02**  
 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CUELLAR ADOLFO A.</b>	
STREET ADDRESS	<b>999 PONCE DE LEON #715</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>RICK BETANCOURT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>8100 NW 29<sup>th</sup> ST</b>	
STREET ADDRESS	<b>MIAMI FL 33122</b>	
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		
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 a power like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICK BETANCOURT PRESIDENT**

Date

Daytime Phone #

**4/26/02 (305) 521-3000**

CR2E034 (9/01)