FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90231 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033440

1. Entity Name
COMMONWEALTH CUSTOM BROKER, INC.

11034976

Principal Place of Business	Mailing Address
8100 NW 29 ST. MIAMI, FL 33122	PO BOX 4002 MIAMI, FL 33152

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8100 NW 29th St.	P.O. BOX 524002
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33122 · Country: USA	Zip: 33152 · Country: USA

4. FEI Number: 65-1134269 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BETANCOURT, RICK
8100 N 29TH ST.
MIAMI, FL 33122

7. Name and Address of New Registered Agent
Name: Pompey F. MANSILLA
Street Address (P.O. Box Number is Not Acceptable)
8100 NW 29 St
City: MIAMI FL 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE ______ DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	BETANCOURT, RICK		NAME	POMPEY F. MANSILLA	
STREET ADDRESS	8100 NW 29TH ST.		STREET ADDRESS	8100 NW 29 ST	
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP	MIAMI, FL 33122	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RICK BETANCOURT 4/11/03 (305) 592-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #