2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P93000021122 C-AIR BROKERS & FORWARDERS, INC. 4-17-2001 90155 042 ***150.00 Principal Place of Business Mailing Address 6176 NW-74TH AVE 6176_NW_74TH_AVE_ MIAMI FL 33166 **MIAMI FL 33166** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0399381 Not Applicable 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 HEID. STEVEN Street Address (P.O. Box Number is Not Acceptable) 6176 NW 74TH AVE MIAMI-FL 33166 Zip Code City entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 eligible to satisfy its Intangible 9. This rporation 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 requirement and elects to do so. Trust Fund Contribution. п 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 12. 11. ☐ Addition Change Delete TITLE SITLE HEAD, MILTON NAME NAME STREET ADDRESS 245 DOLPHIN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEWETT NECL NY 11598** □ Change ☐ Addition ☐ Delete TITLE NAME ANTIC, GUS NAME 15850 90TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOWARD BEACH NY 11414** ☐ Delete TITLE ☐ Change ■ Addition TITLE VALDES, CARLOS NAME STREET ADDRESS 11027 SW 139 PL STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY - ST - ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME HEID, STEVEN NAME 6176 NW 74TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS 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 supplies that I am an officer or director of the corporation or the receiver of trustee empower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Il other like empoyered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with

GNATU

SIGNATURE:

an address, with