

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 040 ***150.00

DOCUMENT # P95000021983

1. Entity Name

EXCLUSIVE CARGO HANDLING SERVICES, INC

DO NOT WRITE IN THIS SPACE

80054109

2. Principal Place of Business
8000 NW 29 STREET

Suite, Apt. #, etc.

3. Mailing Address
8000 NW 29 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0565735

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VALDES, RUBEN

Street Address (P.O. Box Number is Not Acceptable)

8000 NW 29 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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
VALDES, RUBEN
8000 NW 29 STREET
MIAMI FL 33122

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

(305) 477-5005

Daytime Phone #

CR2E034B (12/01)