

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90055 012 ***150.00

DOCUMENT # P96000033949**1. Entity Name**
INTERNATIONAL CARGO BROKERS, INC.**Principal Place of Business****10201 NW 21 ST.**
MIAMI FL 33172**Mailing Address****10201 NW 21 ST.**
MIAMI FL 33172**976939****2. Principal Place of Business****1776 NW. 95 AVE**
Suite, Apt. #, etc.**3. Mailing Address****1776 NW. 95 AVE**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**Miami FL****City & State****Miami FL****4. FEI Number** **65-0662208****Applied For****Not Applicable****Zip**
33172**Country****USA****Zip**
33172**Country****USA****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MARRERO, FRANK J**
2485 EAGLE RUN DR.
WESTON FL 33327**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **DP** ☐ Delete
NAME **MARRERO, FRANK J**
STREET ADDRESS **1406 VERACRUZ LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33327****TITLE** **President** ☒ Change ☐ Addition
NAME **MARRERO FRANK J.**
STREET ADDRESS **2485 EAGLE RUN DRIVE**
CITY-ST-ZIP **WESTON, FL 33327****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 all other like empowered.****SIGNATURE:****Frank Marrero**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)