

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90010 042 ***150.00

DOCUMENT # **P 96000100083**

1. Entity Name

Worldwide Custom Brokers, Inc.

Principal Place of Business

Mailing Address

*1620 N.W. 82nd Avenue
 Miami, FL 33126*

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-0724680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 *Director* ☐ Delete

NAME *Mauricio Restrepo*

STREET ADDRESS *12220 SW 70 Court*

CITY-ST-ZIP *Miami, FL 33156* ☐ Delete

TITLE *Director* ☐ Delete

NAME *Vivian Quintero*

STREET ADDRESS *12220 SW 70 Court*

CITY-ST-ZIP *Miami, FL 33156* ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICIO RESTREPO

3/6/01

305-593-2281

Date

Daytime Phone #

CR2E034 (11/00)