

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000007089**

1. Entity Name

LION CARGO BROKERS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90076 034 ***150.00

Principal Place of Business

Mailing Address

**8055 N.W. 77TH COURT
SUITE 5
MIAMI FL 33166****8055 N.W. 77TH COURT
SUITE 5
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

2315 NW 107th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 111

City & State

Miami, Florida

Zip

Country

Zip

Country

33172**Dade**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0749110**

Applied For

Not Applicable

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

**MONTELLO, LOUIS R
777 BRICKELL AVENUE, SUITE 1070
MIAMI FL 33131**

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 1/

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>		VP			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	LESCANO, MANUEL A	8055 N.W. 77TH COURT	MEDLEY FL 33166			Simon Falic	2315 N.W. 107 Ave. Box: 111	Miami, FL. 33172		
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PORTU, RAMON	8055 N.W. 77TH COURT	MEDLEY FL 33166							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

305-882-0898

CR2E034 (10/00)