

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000068816**

1. Entity Name

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

03-02-2001 90076 036 \*\*\*150.00

629065



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8055 N.W. 77 COURT  
SUITE #3  
MEDLEY FL 33166

Mailing Address  
8055 N.W. 77 COURT  
SUITE #3  
MEDLEY FL 33166

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
2315 NW 107th Avenue  
Suite, Apt. #, etc.  
Box 111  
City & State  
Miami, Florida  
Zip  
33172  
Country  
Dade

4. FEI Number **65-0811527**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**PORTU, RAMON A**  
8055 N.W. 77 COURT  
SUITE #3  
MEDLEY FL 33166

## 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

| TITLE | NAME         | STREET ADDRESS     | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|--------------|--------------------|-----------------|---------------------------------|
| D     | PORTU, RAMON | 8055 NW 77TH COURT | MEDLEY FL 33166 | <input type="checkbox"/>        |
|       |              |                    |                 | <input type="checkbox"/>        |
|       |              |                    |                 | <input type="checkbox"/>        |
|       |              |                    |                 | <input type="checkbox"/>        |
|       |              |                    |                 | <input type="checkbox"/>        |
|       |              |                    |                 | <input type="checkbox"/>        |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME        | STREET ADDRESS     | CITY-ST-ZIP                  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-------------|--------------------|------------------------------|---------------------------------|--|
| VP    | Simon Falic | 2315 N.W. 107 Ave. | Box 111<br>Miami, FL. 33172. | <input type="checkbox"/>        | <input checked="" 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

2/21/01

Date

305-882-0898

Daytime Phone #

CR2E034 (10/00)