## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

**SIGNATURE:** 

with all other file

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

## FILED Feb 15, 2001 8:00 am Secretary of State DOCUMENT # P9800003045 1. Entity Name UNIVERSE FREIGHT BROKERS, INC. 02-15-2001 90051 043 \*\*\*150.00 Principal Place of Business Mailing Address 1620 NW 82 AVE 1620 NW 82 AVE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0805123 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RESTREPO. MAURICIO Street Address (P.O. Box Number is Not Acceptable) 12220 SW 70 COURT **MIAMI FL 33156** City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be. Tax filing requirement and elects to do so: After MAY-1, 2001 Fee will be \$550.00--Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE NAME NAME RESTREPO, MAURICIO STREET ADDRESS STREET ADDRESS 12220 SW 70 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ŽIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #