

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90082 020 ***150.00

DOCUMENT # P99000000357

1. Entity Name

INTERNATIONAL CARGO TRANSPORTERS, INC.

Principal Place of Business

Mailing Address

2550 N.W. 72 AVENUE
 SUITE 109
 MIAMI FL 33122

2550 N.W. 72 AVENUE
 SUITE 109
 MIAMI FL 33122-1347

2. Principal Place of Business

2550 N.W. 72 Avenue

3. Mailing Address

2550 NW 72 Avenue

Suite, Apt. #, etc.

Suite #108

Suite, Apt. #, etc.

Suite #108

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122-1347

Country

USA

4. FEI Number

65-0885031

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

TEJERA, CANDIDO S
16625 N.W. 71 AVENUE
MIAMI FL 33014

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	TEJERA, CANDIDO S	
STREET ADDRESS	2550 N.W. 72 AVENUE, STE 109	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CASTANO, LOURDES	
STREET ADDRESS	2550 N.W. 72 AVENUE, STE 109	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tejera, Candido S	
STREET ADDRESS	2550 NW 72 Avenue, STE 108	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes Castano	
STREET ADDRESS	2550 NW 72 Avenue, STE #108	
CITY-ST-ZIP	Miami, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

305 593 2127

Daytime Phone #

CR2E034 19/99