

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000357

1. Entity Name

INTERNATIONAL CARGO TRANSPORTERS, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90142 040 ***150.00

Principal Place of Business

2550 N.W. 72 AVENUE
SUITE 108
MIAMI FL 33122
US

Mailing Address

2550 N.W. 72 AVENUE
SUITE 108
MIAMI FL 33122
US

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 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 MICHAEL A VOLK

Street Address (P.O. Box Number is Not Acceptable) SUITE 211

3001 PONCE DE LEON BLVD

CORAL GABLES FL 33134

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME TEJERA, CANDIDO S
STREET ADDRESS 2550 NW 72 AVE STE 108
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE PD
NAME TEJERA, CANDIDO S
STREET ADDRESS 16625 NW 71 AVENUE
CITY-ST-ZIP MIAMI, FL 33014 ☒ Change ☐ Addition

TITLE VST
NAME CASTANO, LOURDES
STREET ADDRESS 2550 NW 72 AVE STE 108
CITY-ST-ZIP MIAMI FL 33122 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

1/12/01

Date

305 593 2127

Daytime Phone #

CR2E034 (10/00)