

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90051 013 ***150.00

DOCUMENT # P99000000357

1. Entity Name

INTERNATIONAL CARGO TRANSPORTERS, INC.



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

4995 NW 72 AVE

3. Mailing Address

4995 NW 72 AVE

Suite, Apt. #, etc.

SUITE 208

Suite, Apt. #, etc.

SUITE 208

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

Zip

33166

Country



☐ CHECK HERE IF MAKING CHANGES

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

VOLK, MICHAEL A

3001 PONCE DE LEON BLVD.

SUITE 211

CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE **VP** ☐ Delete
NAME **VOLK, MICHAEL A**
STREET ADDRESS **3001 PONCE DE LEON BLVD STE 211**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **TEJERA, CANDIDO S**
STREET ADDRESS **2255 SW 125 AVENUE**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **P** ☒ Change ☐ Addition
NAME **VOLK, MICHAEL A**
STREET ADDRESS **3001 PONCE DE LEON BLVD STE 211**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

25593 2127

Daytime Phone #

CR2E034 (10/02)