

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0028134

DOCUMENT # P99000005782

1. Entity Name
AMERICAN WORLD CARGO (FLA) INC.

05-17-2001 91310 041 ***150.00

Principal Place of Business Mailing Address
10100 NW 116TH WAY, SUITE 9 **10100 NW 116TH WAY, SUITE 9**
MEDLEY FL 33178 **MEDLEY FL 33178**

U S I U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10025 N.W. 116th Way **10025 N.W. 116th Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 18 **Suite 18**

City & State City & State 4. FEI Number Applied For
MEDLEY FL **MEDLEY FL** **22-3633873** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33178 **US** **33178** **US**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FUCHS, OLIVIER Name **FUCHS OLIVIER**
10100 NW 116TH WAY, SUITE 9 Street Address (P.O. Box Number is Not Acceptable)
MEDLEY FL 33178 **10025 N.W. 116th Way, Suite 18**
 City City **MEDLEY** **FL** Zip Code **33178**

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 *Oliver Fuchs* **OLIVIER FUCHS SECRETARY** **5/7/2001**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, MICHEL G	NAME	
STREET ADDRESS	121 GOLDEN ISLES DR., APT. 1006	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, OLIVER Z	NAME	
STREET ADDRESS	121 GOLDEN ISLES DR., APT. 1006	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, MARTINE S	NAME	
STREET ADDRESS	121 GOLDEN ISLES DR., APT. 1006	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.

SIGNATURE: *Oliver Fuchs* **5/7/2001** **(305) 863-3727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



attachment
657570
P99000005782

AMERICAN WORLD CARGO (Fla), Inc.

10025 N.W. 116th Way, Suite 18
Medley, Florida 33178

Tel: (1)(305) 863-3727

Fax: (1)(305) 863-1882

E-MAIL: awc_ecs@hotmail.com

Monday, May 07, 2001

To Whom It May Concern:

Due to our address change, we've only just received the Uniform Business Report form.

We're therefore enclosing a check for \$150.00 and we respectfully request that the additional late fee be exceptionally waived under the circumstances.

We thank you in advance for your kind understanding.

Regards,

A handwritten signature in cursive script, appearing to read "Olivier Fuchs". The signature is enclosed in a hand-drawn oval.

Olivier Fuchs