

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095151

1. Entity Name

FLORIDA EXPRESS CUSTOMS BROKER CORPORATION

Principal Place of Business

2101 NW 97 AVE.
MIAMI FL 33172

Mailing Address

2101 NW 97 AVE.
MIAMI FL 33172-2313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FE Number

65-0963663

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

LICHTENSTEIN, GUY
13500 SW 104 TERR
MIAMI FL 33186

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
LICHTENSTEIN, GUY
13500 SW 104 TERRACE
MIAMI, FL 33186



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LICHTENSTEIN, ANGELA
13500 SW 104 TERRACE
MIAMI, FL 33186



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

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CITY-ST-ZIP



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Delete

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CITY-ST-ZIP



Change



Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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CITY-ST-ZIP



Change



Addition

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CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

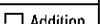


Addition

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

8/31/00 305-593-5022

Date

Daytime Phone #

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90009 001 ***550.00

09-07-2000 90009 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)