

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095151

1. Entity Name

FLORIDA EXPRESS CUSTOMS BROKER CORPORATION

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90099 034 ***150.00

Principal Place of Business

Mailing Address

~~2101 NW 97 AVE~~
~~MIAMI FL 33172~~

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~~MIAMI FL 33172~~

2. Principal Place of Business

2550 NW 72 Ave

3. Mailing Address

P.O. Box 226106

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33122

Country

US

Zip

33122

Country

US

4. FEI 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

LICHTENSTEIN, GUY
13500 SW 104 TERR
MIAMI FL 33186

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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, 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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/8/01

305-593-5022

CR2E034 (10/00)

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