



Brokers / COMPANY PROFILE

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NAME: _____

ADDRESS1: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EIN/IRS/SS#: _____ STATE OF INCORPORATION: _____

TYPE: CORP. LLC. PARTNERSHIP. SOLE PROPRIETOR. INDIVIDUAL.

PHONE: _____ FAX: _____

CONTACT PERSON: _____

EMERG. PHONE: _____ E-MAIL: _____

REFERENCES (2):

(1)NAME: _____

ADDRESS1: _____

ADDRESS2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

(2)NAME: _____

ADDRESS1: _____

ADDRESS2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____