FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO20000 65713

1. Entity Name
T. A. F. Logistics

CITY-ST-ZIP

attachment with an address



FILED Apr 16, 2003 8:00 am Secretary of State

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2. Principal Place of 53 49	NW 198th. TER	3. Mailing Address 4. 5349 N	WIG	18 Kr Tog	و							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
Opa loc	'lle.	Opa locto	A	· ·	4. FE	Number 01-071934	16	Applied For Not Applicable				
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and the second of the second o		A PLANTAGE AGENCY AND CONTRACTOR AND	ende, de lence Electron		7. Nam	e and Address of Current R	egistered Ag	ent				
				Name Jonathan Ajoy								
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en e	IN THIS SP		STATE OF SALE									
		AUL		5349 NW 198th. TEER.								
				City Ope	a le	ocka	FL	7 3055 3 3055				
The above named the obligations of	d entity submits this statement for	r the purpose of changing its	registere	d office or register	red agen	t, or both, in the State of Florid	da. I am familia	ar with, and accept				
the obligations of	registered agent.											
SIGNATURE	4					•						
Signature	e, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required	when reins	tating)	ĐATE					
After Ame	1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 inded UBR is \$61.25 ble to Florida Department of	State				9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
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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 suppliemental 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

ED NAME OF SIGNING OFFICER OR DIRECTOR