

P03000027196

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(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OTS GLOBAL LOGISTICS (MIA) INC.
(Name of Corporation)

DOCUMENT NUMBER: P 03000027196

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Byrne
(Name of Person)

OTS GLOBAL LOGISTICS (MIA) INC.
(Name of Firm/Company)

1701 N.W. 84 Av.
(Address)

MIAMI, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Byrne at (305) 392-2850
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: OTS GLOBAL LOGISTICS (MIA) INC.
- 2. The principal office address: 1701 N.W. 84 AVENUE
MIAMI, FL 33126
- 3. The mailing address (if different): AS ABOVE

4. Date of incorporation/qualification: 03/06/03 Document number: P03000027196

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

STEWART RIPP
1867 N.W. 97 Av. # 101
MIAMI, FL 33172

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALICIA BYRNE
1701 N.W. 84 AVENUE
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FL 33126

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alicia Byrne
(Signature of an officer, chairman or vice chairman of the board)

ALICIA BYRNE / DIRECTOR
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alicia Byrne
(Signature of Registered Agent)

09/30/03
(Date)

If signing on behalf of an entity:
ALICIA BYRNE
(Typed or Printed Name)

DIRECTOR
(Capacity)

*** FILING FEE: \$35.00 ***