

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90306 014 \*\*\*158.75

**DOCUMENT # P98000070874**

1. Entity Name  
**INTERNATIONAL LOGISTICS GROUP, INC.**

Principal Place of Business  
**2390 NW 147TH STREET**  
**MIAMI FL 33054**  
**US**

Mailing Address  
**6365 TAFT ST**  
~~#3002~~ **#1008**  
**HOLLYWOOD FL 33024**  
**US**



2. Principal Place of Business

3. Mailing Address

**6365 TAFT ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 1008**

City & State

City & State

**HOLLYWOOD FL**

4. FEI Number

**65-0862055**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33024**

**BROWARD**

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

**CARROLL, JAN M**  
**6365 TAFT ST**  
**STE 3002-1008**  
**HOLLYWOOD FL 33024**

Name: **JAN M. CARROLL**

Street Address (P.O. Box Number is Not Acceptable)

**6365 TAFT ST**

**STE 1008**

City

**HOLLYWOOD**

FL

Zip Code

**33024**

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

*Jan M Carroll*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/02**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CARROLL, JAN M 11610 FACHINNA PLACE GLENN DALE MD 20769</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Jan M Carroll*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02**  
 Date

**954-981-7991**  
 Daytime Phone #

CR2E034 (9/01)