

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90359 001 \*\*\*\*\*8.75  
02-17-2003 90359 002 \*\*\*150.00

**DOCUMENT #** p98000070874  
1. Entity Name  
International Logistics Group, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2390 NW 147th Street  
Suite, Apt. #, etc.

3. Mailing Address  
6365 Taft Street  
Suite, Apt. #, etc.  
1008

City & State  
Miami, FL

City & State  
Hollywood, FL

City & State  
Miami, FL

City & State  
Hollywood, FL

4. FEI Number  
65-0862055

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Jan M. Carroll

Street Address (P.O. Box Number is Not Acceptable)  
2390 NW 147th Street

City  
Miami

State  
FL

Zip Code  
33054

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jan M. Carroll Jan M. Carroll 2/4/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

January / May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President/CEO</u> <u>Jan M. Carroll</u> <u>6365 Taft Street, Suite 1008</u> <u>Miami, FL 33024</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan M. Carroll Jan M. Carroll 2/4/03 (954) 981-7991

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E0345 (12/02)