

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90269 004 ***150.00

DOCUMENT # 844660

1. Entity Name
RYDER INTEGRATED LOGISTICS, INC.



Principal Place of Business
**3600 N.W. 82 AVENUE
MIAMI FL 33166**

Mailing Address
**3600 N.W. 82 AVENUE
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1506958**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'MEARA, VICKI A
3600 NW 82ND AVE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AT	<input type="checkbox"/> Delete
NAME	RABIN, SUSAN F	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VS	<input type="checkbox"/> Delete
NAME	D'MEARA, VICKI A	
STREET ADDRESS	3600 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NELSON, CORLISS J	
STREET ADDRESS	3600 N W 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ALONSO, JOAQUIN A.	
STREET ADDRESS	3600 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SUSIK, W D	
STREET ADDRESS	3600 NW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWINTON, GREGORY T	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan F. Rabin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03
Date

305-500-4690
Daytime Phone #

CR2E034 (10/02)