

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91534 013 \*\*\*158.75

DOCUMENT # F01000003556

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1301 NW 84 Ave**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI**

City & State

4. FEI Number  
**651105291**

Applied For  
Not Applicable

Zip  
**33126**

Country  
**USA.**

Zip

Country

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 **GAGEL, JAMES P.**

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

**1301 NW 84 Ave.**

**Suite 101**

City  
**MIAMI**

FL

Zip Code  
**33126**

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

*James P. Gagel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-1-02**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S GAGEL, JAMES P. 1301 NW 84 Ave, Suite 101 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HETTINGER, JONATHAN 1301 NW 84 Ave., Suite 101 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEPULVEDA, GERARDO 1301 NW 84 Ave., Suite 101 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAKTA, ALEXIS 1301 N.W. 84TH AVE. STE. 101 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ALBERTO LIONA 1301 N.W. 84TH AVE. - STE. 101 MIAMI, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:

*James P. Gagel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-02** **786-331-9350**  
**EXT. 303**

CR2E034B (12/01)