

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90001 027 ****50.00

DOCUMENT # L00000013932

1. Entity Name

BLACK HAWK LOGISTICS, L.L.C.



Principal Place of Business

**3389 N.W. 97 AVENUE
MIAMI FL 33178**

Mailing Address

**3389 N.W. 97 AVENUE
MIAMI FL 33178**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1055624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, SERGIO
3389 N.W. 97 AVENUE
MIAMI FL 33178**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANCHEZ, SERGIO	
STREET ADDRESS	3389 N.W. 97 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REY, PABLO	
STREET ADDRESS	3389 N.W. 97 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SANCHEZ, WILLIAM	
STREET ADDRESS	3389 N.W. 97 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WILLIAM SANCHEZ

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-03

305436-9220

Date

Daytime Phone #

CR2E083 (10/02)