2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: MC LOGISTICS LLC

Current Principal Place of Business:

1188 FALLS BLVD.
WESTON, FL 33327

New Principal Place of Business:

1304 SW 160TH AVE
SUITE # 353
SUNRISE, FL 33326

Current Mailing Address:

1188 FALLS BLVD.
WESTON, FL 33327

New Mailing Address:

1304 SW 160TH AVE
SUITE # 353
SUNRISE, FL 33326

FEI Number: 65-1044280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MCCARTHY, MICHAEL P
Address: 1188 FALLS BLVD.
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete
Name: OSORIO CRUZ, JOSE CONRADO
Address: 1188 FALLS BLVD.
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCCARTHY, MICHAEL P
Address: 1304 SW 160TH AVE SUITE # 353
City-St-Zip: SUNRISE, FL 33326

Title: MGR (X) Change ( ) Addition
Name: OSORIO CRUZ, JOSE CONRADO
Address: 1304 SW 160TH AVE SUITE # 353
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL P MCCARTHY MGR 04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date