

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90144 039 ****50.00

DOCUMENT # L01000013615

1. Entity Name

RYE EXPRESS LOGISTICS, LLC

NEW ADDRESS:

2010 N.W. 84TH ST.,
MIAMI, FLORIDA 33122-1520
2010 NW 84th Avenue
MIAMI FL 33122-1520

Mailing Address

2010 NW 84th Avenue
MIAMI FL 33122-1520

960859



DO NOT WRITE IN THIS SPACE

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

65-113-1655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUESADA, PABLO S
KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CLAURE, R. MARCELO ☐ Delete
2701 NW 107 AVENUE
MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CLAURE R. MARCELO ☒ Change ☐ Addition
5450 NW 114 Ave Apt 106
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ARANA, VICTOR ☐ Delete
6964 NW 50 STREET
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VICTOR ARANA ☒ Change ☐ Addition
5710 S.W 85th Street
MIAMI FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Victor Arana

Victor Arana

4/24/02 (305) 592-9307

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

Date

Daytime Phone #

CR2E083 (9/01)