

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90118 035 ****50.00

DOCUMENT # L01000018146

1. Entity Name

INTEGRATED LOGISTIC SERVICES, LLC



Principal Place of Business

Mailing Address

8998-1 BLOUNT ISLAND BLVD.
BLOUNT ISLAND MARINE TERMINAL
JACKSONVILLE FL 32226
US

8998-1 BLOUNT ISLAND BLVD.
BLOUNT ISLAND MARINE TERMINAL
JACKSONVILLE FL 32226
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4491305**

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

**LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE FL 32207**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **INDUSTRIAL COLD STORAGE C/O H KOHLMANN**
STREET ADDRESS **2625 W. 5TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Industrial Cold Storage c/o Terry Brown**
STREET ADDRESS **2625 W. 5th Street**
CITY-ST-ZIP **Jacksonville, FL 32254**

TITLE **MGR** ☐ Delete
NAME **INTERNATIONAL TRANSPORT LOGISTICS, INC.**
STREET ADDRESS **8998-1 BLOUNT ISLAND**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

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

TITLE **MGR** ☐ Delete
NAME **CARLOS MALAVE & CO., INC.**
STREET ADDRESS **P.O. BOX 364307**
CITY-ST-ZIP **SAN JUAN PR 00936**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

4.17.03

904 786 8038

Date

Daytime Phone #

CR2E083 (10/02)