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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # L01000018456 01-31-2002 90081 048 ****50.00 INTERBUSINESS LOGISTIC, L.L.C. Principal Place of Business Mailing Address 9890 S.W. 88TH STREET 9890 S.W. 88TH STREET #H-107 #H-107 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUQUE, ANA CATALINA Street Address (P.O. Box Number is Not Acceptable) 9890 S.W. 88TH STREET #H-107 MIAMI FL 33176 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 ... Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE CR2E083 (9/01 Change ☐ Addition MORALES, LUIS F NAME NAME STREET ADDRESS CALLE 4 OESTE #1-25 APT. 1101 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP CALI, COLOMBIA MGRM TITLE Delete TITLE ☐ Change Addition DUQUE, JUAN G NAME NAME STREET ADDRESS CALLE 4 OESTE #1-25 APT. 1101 STREET ADDRESS CITY-ST-ZIP CALI, COLOMBIA CITY-ST-7IP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, CLARIBETH NAME NAME STREET ADDRESS CALLE 4 OESTE #1-25 APT. 1101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALI, COLOMBIA **MGRM** TITLE ☐ Delete TITLE ☐ Addition Change NAN (DUQUE, DANIELA NAME STREE) ADDRESS CALLE 4 OESTE #1-25 APT. 1101 STREET ADDRESS CITY-ST-ZIP CALI, COLOMBIA CITY-ST-ZIP MGRM TITLE F ☐ Delete TITLE Change ☐ Addition NAME DUQUE, ANA CATALINA NAME STREET ADDRESS 9890 S.W. 88TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE