


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

DOCUMENT # <b>LO2000028383</b>	
1. Entity Name <b>3PL of the Americas, LLC</b>	

**FILED**  
03 MAY -1 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

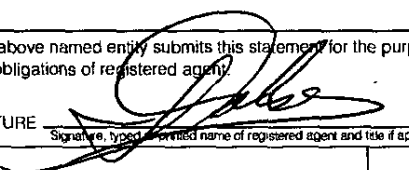
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>8501 NW 17th ST</b>		3. Mailing Address <b>8501 NW 17th ST</b>	
Suite, Apt. #, etc. <b>101</b>		Suite, Apt. #, etc. <b>101</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

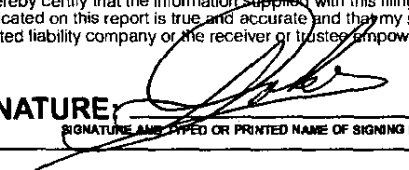
<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>52-2382572</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>Cabrera, Vilma L.</b>		
Street Address (R.O. Box Number is Not Acceptable) <b>8501 NW 17th ST</b>			
Suite, Apt. #, etc. <b>101</b>			
City <b>Miami</b> FL Zip Code <b>33126</b>			

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 	DATE <b>4/28/03</b>
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Cabrera, Vilma L. 8501 NW 17th ST Miami, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100017831991 05/01/03--01061--001 **450.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Ferry John B. 8501 NW 17th ST Miami, FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 	DATE <b>4/28/03</b> Daytime Phone # <b>3055139540</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

CR2E083B (12/02)