

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90130 006 ****55.00

DOCUMENT # L04000072780

1. Entity Name

UNIVERSAL TRANSPORTATON & LOGISTICS LLC



Principal Place of Business

5079 N. DIXIE HWY. STE. #168
OAKLAND PARK FL 33334

Mailing Address

5079 N. DIXIE HWY. STE. #168
OAKLAND PARK FL 33334

20012295



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

5079 N. DIXIE HWY STE #168
Suite, Apt. #, etc.
168

3. Mailing Address

5079 N. DIXIE HWY
Suite, Apt. #, etc.
168

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

04-372-1644

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, NATHAN JR
5079 N. DIXIE HWY. STE. #168
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/15/2005

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME BUTLER, NATHAN JR
STREET ADDRESS 2040 N.W. 30TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE MGRM ☒ Delete
NAME BUTLER, PAULINE
STREET ADDRESS 2040 N.W. 30TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE MGRM ☒ Delete
NAME BRYANT, EMMA L
STREET ADDRESS 1052 N.W. 29TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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]

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

02/15/2005

Date

954-648-7445

Daytime Phone #