

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90775 015 ****61.25

UBR1556

DOCUMENT # N36837

1. Entity Name ✓

GLOBAL LOGISTICS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
800 BRICKELL AVE STE 1115 MIAMI FL 33133 US	800 BRICKELL AVE STE 1115 MIAMI FL 33133 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0202553		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OPPENHEIM, STEVEN P ESQ FIRST UNION BANK BUILDING 800 BRICKELL AVE STE 1115 MIAMI FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State
	OPPENHEIM, STEVEN 800 BRICKELL AVE, SUITE 1115 MIAMI FL 33131

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: *Steven Oppenheim* **STEVEN OPPENHEIM** 4-15-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEL, ALWYN D	NAME	
STREET ADDRESS	41/42 PROTES GARDENS	STREET ADDRESS	
CITY-ST-ZIP	JOHANNESBURG, S AFRICA 1467	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, DANIEL	NAME	
STREET ADDRESS	DANIEL SILVA LTD., 33 GARFIELD ST	STREET ADDRESS	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND NZ	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIM, STEVEN P	NAME	
STREET ADDRESS	800 BRICKELL AVE., STE 1115	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENBERG, DAVID	NAME	
STREET ADDRESS	275 BATTERY ST STE 400	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGHART, JAMES	NAME	BARRETT, DANIEL
STREET ADDRESS	HEMISPHERE CENTER	STREET ADDRESS	3301 SE 14 AVE
CITY-ST-ZIP	NEWARK NJ 07114	CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSBERRY, PAT	NAME	
STREET ADDRESS	2702 AZALEA DR	STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29405	CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Steven P. Oppenheim* **STEVEN P. OPPENHEIM** 305-371-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)