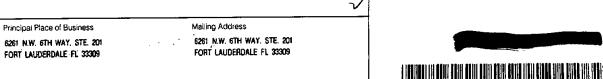
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

AIM WORLDWIDE LOGISTICS, INC.

P00000024363

FILED Jul 02, 2002 8:00 am Secretary of State 05-29-2002 90676 004 ***150.00



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2. Principal Place of Business 1350 So. Howerline Rd 3. Mailing Address P.O. Box 667348					CINCHES IN BERN SEIN SEIN SON COMMON COMPROR COMMON COMPROR COMMON COMPROR COMPROR COMPROR COMPROR C				
/ 35 / Suite, Apt.	WWIGE		DO NOT WRITE IN THIS SPACE						
	= /07				<u> </u>				
City & Stat		City & State	Rosah 1		FEI Number 65-0994461			pplied For lot Applicable	
<u>HOMPA</u>	NO Deach, PL	tompano :	Country .	<u> </u>	20 000 710 1		88.75 Ac		
ストング	Country	33066	"Awn	5. (Certificate of Status Desired		ee Requir		
اريدر	6. Name and Address of Current Re			7. 1	Name and Address of New Ro	gistered A	gent		
	and the second of the second o		· · · · Name		· · · · · · · · · · · · · · · · · · ·				
BROCK, LINDSEY'C III				Street Address (P.O. Box Number is Not Acceptable)					
10151 DE									
BLDG. 10	0, STE. 250								
JACKSON	IVILLE FL 32256		City			FL	Zip Cox	de	
					ent or both is the State of Ele-	ida	1		
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office or ri	egisteraa ag	ent, or both, in the State of Flor	iud.			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTI	E: Registered Agent signature	required when to	ainstating)	DATE			
O This same	eration is aliable to estich its lessagible	FILE NOW!	!! FEE IS \$150.00	<u> </u>	I				
	pration is eligible to satisfy its Intangible requirement and elects to do so.		After May 1, 2002 Fee will be \$550.00		10. Election Campaign Fina Trust Fund Contribution			00 May Be od to Fees	
•	ria on back)	Make Check Payat	le to Department o	of State	Trust i dila contribution		7306		
11.	OFFICERS AND DI	IRECTORS	12.	AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11	
TITLE	PD	Defete	TITLE				Change	Addition	
NAME	BRUNO, JOHN		NAME						
STREET ADDRESS	6261 N.W. 6TH WAY, STE. 201		STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP				Character		
TITLE	SPPD	☐ Delete	TITLE			Ħ	Change	Addillon	
NAME	GUASTO, SALVATORE		NAME STREET ADDRESS	13.50 5	Andra com	# 107			
STREET ADDRESS CITY-ST-ZIP	6261 N.W. 6TH WAY, STE. 201 FORT LAUDERDALE FL 33309		CITY-ST-ZIP	Oan Daw	POWERLINE RD,	33069			
TITLE		Delete -	TITLE	TO THE PART OF THE			Change	Addition	
NAME	MICALL FRANK		NAME	······································	=			_	
STREET ADDRESS	6261 N.W. 6TH WAY, STE. 201		STREET ADDRESS				-		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP						
TITLE	4	☐ Delete	TITLE)			☐ Change	Addition	
NAME	AUDITORES ANTONES		NAME	CODAIGO	IET, ANTONIO		_		
STREET ADDRESS	1		STREET ADDRESS	350 5	POWER LENE AL	#10	•		
CITY-ST-ZIP			CITY-\$T-ZIP	OO MAA.	NO BEACH, FL.				
TITLE		☐ Delete	TITLE				Change	Addition	
NAME	1		NAME						
STREET ADDRESS	1		STREET ADDRESS						
CITY-ST-ZIP	1		CITY-ST-ZIP						

13. I hereby certify that the information supplied with this liling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Delete

☐ Change ☐ Addition