

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024363

1. Entity Name

AIM WORLDWIDE LOGISTICS, INC.

Principal Place of Business

6261 N.W. 6TH WAY, STE. 201
FORT LAUDERDALE FL 33309

Mailing Address

6261 N.W. 6TH WAY, STE. 201
FORT LAUDERDALE FL 33309

2. Principal Place of Business

1350 So. Powerline Rd
Suite, Apt. #, etc. #107

3. Mailing Address

P.O. Box 667348
Suite, Apt. #, etc.

City & State

Pompano Beach, FL
Zip 33069 Country BWD

City & State

Pompano Beach, FL
Zip 33066 Country BWD

4. FEI Number

65-0994461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROCK, LINDSEY C III
10151 DEERWOOD PARK BLVD.
BLDG. 100, STE. 250
JACKSONVILLE FL 32256

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRUNO, JOHN	
STREET ADDRESS	6261 N.W. 6TH WAY, STE. 201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	SP-PO	<input type="checkbox"/> Delete
NAME	GUASTO, SALVATORE	
STREET ADDRESS	6261 N.W. 6TH WAY, STE. 201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	MICALI, FRANK	
STREET ADDRESS	6261 N.W. 6TH WAY, STE. 201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	ADDRESSEE, ANTONIO	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1350 S POWERLINE RD, #107	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ANTONIO	
STREET ADDRESS	1350 S POWERLINE RD, #107	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-29-2002 90676 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)