

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026931

1. Entity Name

A & R LOGISTIC SYSTEM, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90004 039 ***150.00

Principal Place of Business

15745 20TH STREET
MIRAMAR FL 33027

Mailing Address

15745 20TH STREET
MIRAMAR FL 33027

2. Principal Place of Business

7935 W 29TH Way

3. Mailing Address

7935 W 29TH Way

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Wichita FL

City & State

Wichita FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. FEI Number

65-0986761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, ALEXEI RAUL
15745 20TH STREET
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name Alexei Raul Ramirez

Street Address (P.O. Box Number is Not Acceptable)

7935 W 29TH Way #202

City

Wichita

FL

Zip Code

33018

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]

Agent

3/7/01

Signature typed or printed name of registered agent and title 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	RAMIREZ, ELEXEI RAUL	
STREET ADDRESS	15745 20TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, RAISA	
STREET ADDRESS	15745 20TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Ramirez Alexei Raul	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7935 W 29TH Way #202	
STREET ADDRESS	Wichita FL 33018	
CITY-ST-ZIP		
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		
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/7/01

305 362 3203

Date

Daytime Phone #

CR2E034 (10/00)