2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90132 002 ***150.00

| DOCUMENT # . Entity Name IG LOGISTIC, INC. | P00000032660 | |
|--|-----------------|--|
| rincipal Place of Business | Mailing Address | |

6595 NW 36 STREET

#319 MIAMI FL 33166

2. Principal Place of Business 3140 MM 45AVA

#319

6595 NW 36 STREET

MIAMI FL 33166

3. Mailing Address



| 12110100 1311C | | ナンター | | | |
|--|---|---|---|--|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAI | KING CHANGES | |
| OPA LOCKA, FL | OPA LOCKA | CIA | 4. FEI Number 65-0995375 | Applied For | |
| 33054 HIAM ONLY | 33054 41 | AMI-DAP! | 5. Certificate of Status Desired | Not Applicable \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FIAVEREDO, GONZALO 6595 NW 36 STREET | - Speel warry) | Name F/G | | IZAJO | |
| #319 MIAMI FL 33166 | | CINDA 10 | NW 45 AVE | FI Zip Code | |
| 8. The above named entity submits this statement for the obligations of registered agent. | | ed office or registered | agent, or both, in the State of Florida. | am familiar with, and accept | |
| SIGNATURE Department to the state of the sta | GONZ nd title if applicable. (NOTE: Registered | ALO F/ | GUEREDO DAT | 2/15/03 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of | State | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be | |

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME FIGUEREDO, GONZALO NAME STREET ADDRESS 20041 NORTHWEST 62RD COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change ☐ Addition NAME FIGUEREDO, ROLAND NAME STREET ADDRESS 20041_NORTHWEST_62RD_COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, MARIA T NAME STREET ADDRESS 20041 NORTHWEST 62RD COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition FIGUEREDO, EJERICO NAME STREET ADDRESS 20041 NORTHWEST 62RD COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tide and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed of an an attachment with an entress with all one like appropried.

SIGNATURE: