

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90166 005 ***150.00

DOCUMENT # P00000032730

1. Entity Name
FIALLO LOGISTICS, INC.

Principal Place of Business
13800 SW 8TH ST.,PMB 390
MIAMI FL 33184

Mailing Address
13800 SW 8TH ST.,PMB 390
MIAMI FL 33184

2. Principal Place of Business
3236 SW 132PL
 Suite, Apt. #, etc.

3. Mailing Address
R.O. Box 940068
 Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-1006076**

Applied For
 Not Applicable

Zip **33125** Country **USA**

Zip **33194** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIALLO, PEDRO
13800 SW 8TH ST.,PMB 390
MIAMI FL 33184

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  **Pedro Fiallo** **4/11/02**
 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	FIALLO, PEDRO			
	13800 SW 8TH ST.,PMB 390			
	MIAMI FL 33184			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:  **Pedro Fiallo **4/11/02** **305-220-0223****
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0292636 AV

CR2E034 (9/01)