

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90119 048 ***150.00

DOCUMENT # **P00000044359**

1. Entity Name
ZARAK LOGISTICS TRANSPORT, INC.

Principal Place of Business
631 S.W. TAMiami BOULEVARD
MIAMI FL 33144

Mailing Address
631 S.W. TAMiami BOULEVARD
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-101060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANDLER, GILBERT LEE
5200 BLUE LAGOON DR., SUITE 600
MIAMI FL 33126

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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* ☐ Delete
 NAME **D**
 STREET ADDRESS **GONZALEZ, LAZARO R**
 CITY-ST-ZIP **631 S.W. TAMiami BOULEVARD**
MIAMI FL 33144

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ZARAK, ENRIQUE**
 CITY-ST-ZIP **631 S.W. TAMiami BOULEVARD**
MIAMI FL 33144

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lazaro Gonzalez

Date

7/4/2001 (305) 633-8899

Daytime Phone #

CR2E034 (5/01)

Attachment Doc # P000000044359

A0076265

Department of State

To Whom it may concern.

This is the 1st notice I've recieved of the Uniform Business Report, your office ask me to submit a check of \$150.00 and a letter stating that I've never recieve the 1st. packet

Please if you have any questions give me a call at

305-633-8899

Kind Regards,
Lazaro Gonzalez

A handwritten signature in black ink, appearing to read 'Lazaro Gonzalez', with a long horizontal flourish extending to the right.