

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 004 ***158.75

DOCUMENT # P00000052026
1. Entity Name **ALL IN LOGISTICS, INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **10300 NW 19 Street** 3. Mailing Address **10300 NW 19 Street**

Suite, Apt. #, etc.
110

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110

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL 33172

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip **33172** **USA**

Zip **33172** **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARTHA BATISTA

Street Address (P.O. Box Number is Not Acceptable)
10300 NW 19 STREET, STE #110

City **MIAMI, FL** Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

MARTHA BATISTA

04/12/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
President
NAME
Luis Lazarte
STREET ADDRESS
10300 NW 19 Street, Ste# 110
CITY-ST-ZIP
Miami, FL 33172

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

[Signature] **LUIS LAZARTE**
President

04/12/03

Date

305-470-9300

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)