2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P00000073904 J.F.INTERNATIONAL LOGISTICS,INC. 03-15-2001 90193 002 ***150.00 Mailing Address Principal Place of Business 7931 BENGAL LANE 7931 BENGAL LANE NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654 34211 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FELNumber City & State City & State 52-2267661 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired .Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERRUGIA, LORI A Street Address (P.O. Box Number is Not Acceptable) 7931 BENGAL LANE NEW PORT RICHEY FL 34654 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition ☐ Delete TITLE ☐ Chance TITLE FERRUGIA, LORI A NAME NAME STREET ADDRESS 7931 BENGAL LANE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Chance ☐ Addition nn e ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 fluerand accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or kinster empoyee to be executed 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 attact

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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