

2002 UNIFORM BUSINESS REPORT (UBR)

5/1.

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-13-2002 90076 036 ***150.00

DOCUMENT # P00000082055

1. Entity Name

LOGISTICS CONNECTION CORP.

Principal Place of Business

**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

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

98-0231458

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ROJAS, MARCO E
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131****7. Name and Address of New Registered Agent****Name
Transglobal Corporate Administration
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive
Ste 0-305
City Miami FL Zip Code 33131**

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

MARCO E. ROJAS**6/5/02**

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 D** ☐ Delete
NAME SUYEYASU, MIKE
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305
CITY-ST-ZIP MIAMI FL 33131**TITLE D** ☐ Delete
NAME SUYEYASU, MIKE
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305
CITY-ST-ZIP MIAMI FL 33131**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 P** ☐ Change ☒ Addition
NAME Gary Doran
STREET ADDRESS 520 Brickell Key Drive Ste 0-305
CITY-ST-ZIP Miami FL 33131**TITLE VP** ☐ Change ☒ Addition
NAME Federico Cock
STREET ADDRESS 520 Brickell Key Drive Ste 0-305
CITY-ST-ZIP Miami FL 33131**TITLE S** ☐ Change ☒ Addition
NAME Bill Budnick
STREET ADDRESS 520 Brickell Key Drive Ste 0-305
CITY-ST-ZIP Miami FL 33131**TITLE T** ☐ Change ☒ Addition
NAME Jose Alfredo Hernandez
STREET ADDRESS 520 Brickell Key Drive Ste 0-305
CITY-ST-ZIP Miami FL 33131**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)