## 2061 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P0000096414 STAR LOGISTICS AND TRADE, CORP. 03-16-2001 90040 036 \*\*\*150.00 Principal Place of Business Mailing Address 8004 N.W. 154 STREET #949-9004 N.W. 154 STREET #343\* MIAMI PL 33016 MIAMILEL 93010 2. Principal Place of Business 3. Mailing Address 7250 N.W 7250 N.W 35 TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL FL miami 65-1046392 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired □... ...33122 33122 U. S. A. U.S. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Μ. SCHIFF DIAZ, TERESITA M-Street Address (P.O. Box Number is Not Acceptable) 8004 N.W: 154-STREET-#343 BLVO MIAMI Ft. 33016 1409 Zip Code MIAMI 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 Signatu (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) <del>PD-</del> PRESIDENT / DIRECTOR Delete ☐ Change NAME NAME ALEJANDRO P. BALSINDE DIAZ, TERESITA M STREET ADDRESS STREET ADDRESS 8004 N.W. 154 STREET #343 N. W 35th CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33016-MD-Delete TITLE ☐ Change ☐ Addition NAME LOPEZ-ORTEGA, ADDYS > NAME STREET ADDRESS STREET ADDRESS 8<del>004 N.W. 154 STREET #3</del>43. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33016 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

or flied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information alreport 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 use empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. 13. I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver of tr changed, or on an attachment with

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