

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90069 048 ***150.00

0233714 AV

DOCUMENT # P00000101696

1. Entity Name

A P LOGISTIC CORPORATION

Principal Place of Business

8550 W. FLAGLER STREET
 #111
 MIAMI FL 33144

Mailing Address

8550 W. FLAGLER STREET
 #111
 MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1051215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECHEVERRIA, ANDREA F
 8550 W. FLAGLER STREET
 #111
 MIAMI FL 33144

Name
 Paula L. Vincent

Street Address (P.O. Box Number is Not Acceptable)
 8550 W. Flagler St #111

City Miami, Fl. 33144 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Delete
 NAME ECHEVERRIA, ANDREA F
 STREET ADDRESS 5560 N.W. 114TH AVENUE #101
 CITY-ST-ZIP MIAMI FL 33178

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

TITLE VTD ☐ Delete
 NAME VINCENT, PAULA L
 STREET ADDRESS 5512 N.W. 114TH AVENUE #305
 CITY-ST-ZIP MIAMI FL 33178

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Paula L. Vincent, Director 3/27/02 786-277-4305

Date

Daytime Phone #

CR2E034 (9/01)