

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90017 022 ***150.00

DOCUMENT # P00000102283

1. Entity Name
REEF LOGISTICS INC.

Principal Place of Business

**11460 SW 50 TERRACE
 MIAMI FL 33165**

Mailing Address

**11460 SW 50 TERRACE
 MIAMI FL 33165**

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 **65-1051164**

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

**SANTANA, GUILLERMO E
 11460 SW 50 TERRACE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	GOMEZ, GALO R		
STREET ADDRESS	3716 NW 50 ST		
CITY-ST-ZIP	MIAMI FL 33143		
VD	MELENDEZ, MOTZA E		
STREET ADDRESS	10800 SUNSET DR #176		
CITY-ST-ZIP	MIAMI FL 33173		
SD	SANTANA, GUILLERMO E		
STREET ADDRESS	11460 SW 50 TERRACE		
CITY-ST-ZIP	MIAMI FL 33165		
D	LEON, ROBERTO MANAGER		
STREET ADDRESS	12805 SW 45 LANE		
CITY-ST-ZIP	MIAMI FL 33175		

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:

Roberto Leon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

305 882 9091
 Daytime Phone #

CR2E034 (9/01)