

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90124 009 ***150.00

DOCUMENT # P00000102831

1. Entity Name
TOWER GLOBAL LOGISTICS, INC.

Principal Place of Business
7220 NW 36 STREET
SUITE 646
MIAMI FL 33166

Mailing Address
7220 NW 36 STREET
SUITE 646
MIAMI FL 33166

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 **65-1051303**

Applied For

Not Applicable

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

MESA, ANGELA
8271 S.W. 12 TERR.
MIAMI FL 33144

Name
MESA, ANGELA

Street Address (P.O. Box Number is Not Acceptable)
7220 NW 36 ST., # 646

City **MIAMI**

FL

Zip Code **33166**

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 *Angela Mesa* **ANGELA MESA - PRESIDENT** **2/2/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MESA, ANGELA J**
 STREET ADDRESS **8271 S.W. 12 TERR.**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Iteana Gonzalez**
 STREET ADDRESS **7220 N.W. 36 ST., #646**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE **VD** ☒ Delete
 NAME **DEL POZO, CLARA D**
 STREET ADDRESS **8271 S.W. 12 TERR.**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MESA, ANGELA J.**
 STREET ADDRESS **7220 NW 36 ST., # 646**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VPDD** ☐ Delete
 NAME **DEL POZO, EDUARDO**
 STREET ADDRESS **8271 SW 12 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **DEL POZO, EDUARDO**
 STREET ADDRESS **7220 NW 36 ST., #646**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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 *Angela Mesa* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02 (305) 500-9828
 Date Daytime Phone #

CR2E034 (9/01)