

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90739 011 \*\*\*550.00

DOCUMENT # P00000103828

1. Entity Name

VEC Logistics

**DO NOT WRITE IN THIS SPACE**

B0123488

2. Principal Place of Business

525 South Shore Drive

Suite, Apt. #, etc.

3. Mailing Address

525 South Shore Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-1071838

Applied For

Not Applicable

Zip

33141

Country

US

Zip

33141

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE R. GOMEZ, CPA

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

782 NW LeJeune Road

Suite 447

City

Miami

FL

Zip Code

33126

**DO NOT WRITE  
IN THIS SPACE**

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

JOSE R. GOMEZ, CPA 5/6/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME

STREET ADDRESS

CITY-ST-ZIP

D  
Veitia, Daniel  
525 South Shore Drive  
Miami Beach, FL 33141

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Veitia

5/6/02

Date

305-592-2555 ext. 101

Daytime Phone #

CR2E034B (12/01)