


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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90179 020 \*\*\*150.00

DOCUMENT # *P01000024701*

1. Entity Name  
*AMAR LOGISTICS CORP.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>3405-B NW 72 AVE #111</i>	City & State <i>Miami FLORIDA</i>	Suite, Apt. #, etc. <i>3405-B NW 72 AVE</i>	City & State <i>Suite 111, Miami FLA 3</i>
Zip <i>33122</i>	Country <i>USA</i>	Zip <i>33122</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65-1082876*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*AMARO, PROSPERO*

Street Address (P.O. Box Number is Not Acceptable)  
*3405-B NW 72 AVE, #111*

City  
*Miami*

FL Zip Code  
*33122*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE *05/01/2003*

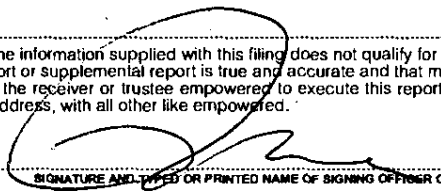
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE <i>PRESIDENT and Secretary</i>	NAME <i>AMARO, PROSPERO</i>	TITLE	
STREET ADDRESS <i>8852 NW 188 TER</i>	CITY-ST-ZIP <i>MIAMI, FLA 33015</i>	STREET ADDRESS	
TITLE <i>VICE-PRESIDENT &amp; TREASURER</i>	NAME <i>AMARO, MANUA</i>	TITLE	
STREET ADDRESS <i>8852 NW 188 TER</i>	CITY-ST-ZIP <i>MIAMI, FLA 33015</i>	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
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TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: *05/01/2003* (305) 591-7153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200348 (12/02)