2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNA

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED

SIGNATURE:

## DOCUMENT # P01000044283 1. Entity Name DALOP LOGISTICS, INC. 03 FEB | | PM |: 26 Principal Place of Business Mailing Address TALLAHASSEE, FERMUA 9060 NW 8TH STREET, APT, 509 9060 NW 8TH STREET, APT, 509 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1099943 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAL BOSCO, SANDRO Street Address (P.O. Box Number is Not Acceptable) 9060 NW 8TH STREET, APT. 509 MIAMI FL 33172 City Zip Code FL 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 re stered agent. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be. Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE refsidente ☐ Addition NAME DAL BOSCO, SANDRO NAME orloned, cased led 9060 NW 8TH STREET, APT. 509 STREET ADDRESS STREET ADDRESS 9060 NW 8 Th St. #509 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP 33/72 Fi. TITLE Delete Vice Président TITLE Change ☐ Addition NAME LOPEZ, SABRINA NAME LOREZ, Sabrinz STREET ADDRESS 9060 NW 8TH STREET, APT. 509 STREET ADDRESS 9060 NW 8 TH ST # 509 CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP 33172 Mi Ami TITLE Delete TITLE SECRETARY Change Addition NAME VAZQUEZ, JOSE FERNANDO NAME Jost FERNANDO 1250MEZ STREET ADDRESS 8330 BYRON AVENUE #7 STREET ADDRESS 8700N N. #9. CITY-ST-7IP MIAMI FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS <u>700013175627</u> STREET ADDRESS CHTY-ST-ZIP 02/27/03---01082---018 CITY-ST-ZIP \*\*150.00 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this fling 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 changed, or on an attachment with an address, with all other like empowered. 12. I hereby certify that the information supplied with this

Date Davime Phone #