## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P01000054816

1. Entity Name

WRG LOGISTICS, INC.



Principal Place of Business Mailing Address 11300 NW 131 ST 8700 SW 153 TERRACE **MIAMI FL 33178 MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address 1300 NW 131 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1114801 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, FRED J Street Address (P.O. Box Number is Not Acceptable) 11300 NW 131 ST **MIAMI FL 33178** City 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition WRIGHT, FRED J NAME NAME STREET ADDRESS 11300 NW 131 ST STREET ADDRESS CITY-ST-7IP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **GURDIAN, GUSTAVO** NAME NAME STREET ADDRESS 5761 SW 132 TER STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE Delete ... TITLE ... ☐ Change ☐ Addition WRIGHT, MARIA J NAME NAME STREET ADDRESS 11300 NW 131 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GURDIAN, VERONICA NAME NAME STREET ADDRESS 5761 SW 132 TER STREET ADDRESS CITY-ST-7IP **MIAMI FL 33156** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 Block 11 if

## **FILED**

03-27-2003 90114 044 \*\*\*150.00

Mar 27, 2003 8:00 am Secretary of State

changed, or on an attachment with an addless