8/8/2002-90091-032-$550.00-$550.00

TOTAL P.03

COPY

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02 OCT -7 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074277

1. Entity Name
OCEANIC LOGISTICS, INC.

Principal Place of Business
~~5300 FIRST UNION FINANCIAL CENTER~~
~~200 SOUTH BISCAYNE BLVD.~~
~~MIAMI FL 33131-2339~~

Mailing Address
~~5300 FIRST UNION FINANCIAL CENTER~~
~~200 SOUTH BISCAYNE BLVD.~~
~~MIAMI FL 33131-2339~~

42165

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6819 NW 84th AVE
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33152 Country: 8050 USA

3. Mailing Address: 6819 NW 84th AVE
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33152 8050 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLETCHER, JOHN S
5300 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131-2339

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

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 $550.00
After September 13, 2002 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUENMAYOR, LUIS ALBERTO ~~5300 FIRST UNION FINANCIAL CENTER~~ ~~MIAMI FL 33131-2339~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR Fuenmayor, Luis Alberto 12581 SW 7th Street Miami, FL 33183 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASALO, MIGUEL ALFREDO 5300 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2339 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR SOBERON, JORGE A 10441 SW 64th STREET MIAMI, FL 33173 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: X ______ REQUIRED
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

X 08/05/02
Date Daytime Phone #

305 592 9941 P.03

LAFCO AUG-19-2002 11:50