

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90100 002 \*\*\*150.00

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

DOCUMENT # **PD1000102033**

1. Entity Name

**S.B.C. Logistics Inc** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**14920 NW 89 Ave**

Suite, Apt. #, etc.

3. Mailing Address

**14920 NW 89 Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**05-1157141**

Applied For

Not Applicable

Zip

**33018**

Country

**USA**

Zip

**33018**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**LAZARA GARCIA**

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

**14920 NW 89 Ave**

City

**Miami**

FL

Zip Code

**33018**

**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

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 **President**  
NAME **Catalina Almendares**  
STREET ADDRESS **14920 NW 89 Avenue**  
CITY-ST-ZIP **Miami FL 33018**

TITLE **Vice President**  
NAME **LAZARA GARCIA**  
STREET ADDRESS **14920 NW 89 Avenue**  
CITY-ST-ZIP **Miami FL 33018**

TITLE **Secretary**  
NAME **Silvia Garcia**  
STREET ADDRESS **14920 NW 89 Avenue**  
CITY-ST-ZIP **Miami FL 33018**

TITLE **Treasurer**  
NAME **LARRY ALMENDARES**  
STREET ADDRESS **14920 NW 89 Avenue**  
CITY-ST-ZIP **Miami FL 33018**

TITLE  
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STREET ADDRESS  
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**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 persons empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAZARA GARCIA**

**4/15/02**

Date

**(305) 819-1980**

Daytime Phone #

CR2E034B (12/01)