

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91391 040 ***150.00

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DOCUMENT # P01000102033

1. Entity Name
J.B.C. LOGISTICS, INC.



Principal Place of Business
**14920 NW 89 AVENUE
MIAMI FL 33018**

Mailing Address
**14920 NW 89 AVENUE
MIAMI FL 33018**



2. Principal Place of Business

9726 NW 127 TR.

3. Mailing Address

9726 NW 127 TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hialeah Gardens FL

City & State

Hialeah Gardens FL

4. FEI Number

65-1157141

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, LAZARA
14920 NW 89 AVENUE
MIAMI FL 33018**

7. Name and Address of New Registered Agent

Name
LAZARA GARCIA

Street Address (P.O. Box Number is Not Acceptable)
9726 NW 127 TR.

City
Hialeah Gardens

FL

Zip Code

33018

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

4/18/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **ALMENDARES, CATALINA**
STREET ADDRESS **14920 NW 89 AVENUE**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **VP** ☐ Delete
NAME **GARCIA, LAZARA**
STREET ADDRESS **14920 NW 89 AVENUE**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **T** ☐ Delete
NAME **ALMENDARES, LARRY**
STREET ADDRESS **14920 NW 89 AVENUE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **P** ☐ Delete
NAME **ALMENDARES, CATALINA**
STREET ADDRESS **14920 NW 89 AVENUE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **S** ☐ Delete
NAME **GARCIA, SILDE**
STREET ADDRESS **14920 NW 89TH AVE**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Catalina Almerdares**
STREET ADDRESS **9726 NW 127 TR**
CITY-ST-ZIP **Hialeah Gardens FL 33018**

TITLE **VP** ☒ Change ☐ Addition
NAME **LAZARA GARCIA**
STREET ADDRESS **9726 NW 127 TR**
CITY-ST-ZIP **Hialeah Gardens FL 33018**

TITLE **VP** ☒ Change ☐ Addition
NAME **LARRY ALMENDARES**
STREET ADDRESS **9726 NW 127 TR**
CITY-ST-ZIP **Hialeah Gardens FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Silde Garcia**
STREET ADDRESS **9726 NW 127 TR**
CITY-ST-ZIP **Hialeah Gardens FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

786.255.4272

Daytime Phone #

CR2E034 (10/02)