May 15 03 10:18a EXPRESS 3C

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90178 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075334

1. Entity Name ALLSTATES TRANSPORTATION & LOGISTICS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7031 GRAND NATIONAL	
Suite, Apt. #, etc. 100	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32819 Country ORANGE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1638649 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRANCISCO, SIDNEI

Street Address (P.O. Box Number is Not Acceptable) 1289 S KIRKMAN ROAD #2165

City ORLANDO FL Zip Code 32811

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 X

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	P.D.	TITLE	
NAME	FRANCISCO, SIDNEI	NAME	
STREET ADDRESS	1289 S KIRKMAN ROAD #2165	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #