

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-02-2004 90004 037 ***150.00

DOCUMENT # P03000018248 1. Entity Name INTERPORT LOGISTICS CORP.					
Principal Place of Business 9810 E. CALUSA CLUB DR. MIAMI FL 33186 8501 N.W. 17 ST. (#101) MIAMI, FL 33126			Mailing Address P. O. BOX 226257 MIAMI FL 33122		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 30-0150351	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARINO, ALBERTO J SR. 9810 E. CALUSA CLUB DR MIAMI, FL 33186				7. Name and Address of New Registered Agent Name ALBERTO J. MARINO SR. Street Address (P.O. Box Number is Not Acceptable) 8501 NW 17th ST (#101) City MIAMI FL Zip Code 33126	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MARINO, ALBERTO J SR. <input type="checkbox"/> Delete STREET ADDRESS 9810 E. CALUSA CLUB DR. CITY-ST-ZIP MIAMI FL 33186			TITLE P NAME ALBERTO J. MARINO SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 8501 N.W. 17th ST. (#101) CITY-ST-ZIP MIAMI, FL 33126		
TITLE S/T NAME MARINO, IVETTE C <input type="checkbox"/> Delete STREET ADDRESS 9810 E. CALUSA CLUB DR. CITY-ST-ZIP MIAMI FL 33186			TITLE S/T NAME IVETTE C. MARINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 8501 N.W. 17th ST. (#101) CITY-ST-ZIP MIAMI, FL 33126		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/27/04 (305) 477-1910 <small>Daytime Phone #</small>		



Attachment
66401527

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 4, 2004

INTERPORT LOGISTICS CORP.
P. O. BOX 226257
MIAMI, FL 33122

Subject: INTERPORT LOGISTICS CORP.

Reference Number: P03000018248

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/as

ANNUAL REPORTS SECTION