

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000026761**

1. Entity Name

INTERNATIONAL LOGISTIC SERVICES, INC.

Principal Place of Business

Mailing Address

8211 N.W. 64 STREET**8211 N.W. 64 STREET****#7****#7****MIAMI FL 33166****MIAMI FL 33166-2752**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3215645

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, JORGE**8211 N.W. 64 STREET****#7****MIAMI FL 33166**

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.

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 \$150.00****After MAY 1, 2000 Fee will be \$550.00****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 ☐ Delete
NAME **PDST**
STREET ADDRESS **NAVARRO, JORGE E**
CITY-ST-ZIP **8211 N.W. 64TH STREET, #7**
MIAMI FL 33166TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, and all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90028 025 ***150.00

101403

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

DOMINGO ALONSO
CERTIFIED PUBLIC ACCOUNTANT

301 ALMERIA AVENUE, # 3
CORAL GABLES, FLORIDA 33134

PHONE: (305) 448-3898
FAX: (305) 443-9073

PLEASE FOLLOW THE INSTRUCTIONS BELOW AS CHECKED
(PLEASE RETAIN THIS INSTRUCTION SHEET WITH ATTACHED RETURN FOR YOUR FILES)

2000 ANNUAL REPORT

PLEASE SIGN IN X

IF YOU NEED TO MAKE A CHANGE IN THE ADDRESS, PLEASE FILL IN BLOCK 2

IF YOU NEED TO MAKE A CHANGE IN THE REGISTERED AGENT SHOWING IN BLOCK 6, FILL IN
BLOCK WITH THE NEW ONE 7

BLOCK 8, PLEASE SIGN IF YOU FILL BLOCK 7

IF YOU NEED TO MAKE A CHANGE IN BLOCK 11, PLEASE FILL IN THE NEW NAMES OF THE
OFFICERS IN BLOCK 12

MAKE CHECK PAYABLE TO: DEPARTMENT OF STATE
MAIL CHECK FORM \$ 150
ADDRESS: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REPORTE ANNUAL AÑO 2000

POR FAVOR FIRME EN X

SI NECESITA HACER UN CAMBIO EN SU DIRECCION, POR FAVOR PONGA LA NUEVA EN EL
CASILLERO # 2

SI NECESITA HACER UN CAMBIO AL AGENTE REGISTRADO DEL CASILLERO 6 POR FAVOR LLENE
CON EL NUEVO NOMBRE EL CASILLERO 7

FIRME EN CASILLERO 8 SI LLENO EL CASILLERO 7

SI NECESITA HACER UN CAMBIO EN EL CASILLERO 11, POR FAVOR LLENE CON LOS NUEVOS
OFICIALES LOS CASILLEROS 12.

HAGA EL CHEQUE PAGADERO AL : DEPARTAMENT OF STATE
CANTIDAD: \$ 150
DIRECCION: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Attachment
101 403
#PTB000026761