

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033413

1. Entity Name

SOUTHERN TRADING AND LOGISTICS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90145 038 ***150.00

Principal Place of Business

7450 MIAMI LAKES DRIVE
SUITE C-107
MIAMI LAKES FL 33014

Mailing Address

7450 MIAMI LAKES DRIVE
SUITE C-107
MIAMI LAKES FL 33014-6857

2. Principal Place of Business

7400 MIAMI LAKES DR.

Suite, Apt. #, etc.

Suite D-106

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Address

7400 MIAMI LAKES DR.

Suite, Apt. #, etc.

Suite D-106

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0789822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALAREZO, LUIS E

7450 MIAMI LAKES DRIVE, #C-107
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

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

7400 MIAMI LAKES DR.

Suite D-106

City

MIAMI LAKES

FL

Zip Code

33014

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALAREZO, ANA S	
STREET ADDRESS	7450 MIAMI LAKES DRIVE #C-107	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALAREZO, LUIS E	
STREET ADDRESS	7450 MIAMI LAKES DRIVE, #C-107	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7400 MIAMI LAKES DR., D-106	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7400 MIAMI LAKES DR., D-106	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Balarezo, Luis E President

Date

4-21-00

Daytime Phone #

(305) 828-4942

CR2E034 (9/99)