

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90267 031 ***150.00

0142069

DOCUMENT # P95000035565

1. Entity Name

SALES LOGISTICS, INC.

Principal Place of Business

**2650 N.W. 75TH AVE
 MIAMI FL 33122**

Mailing Address

**2650 N.W. 75TH AVE
 MIAMI FL 33122**

2. Principal Place of Business

11380 NW 36 Terr

3. Mailing Address

11380 NW 36 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0710458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TORRENS, JAVIER
 2650 N.W. 75TH AVE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

1695 Osprey Bend

City

Weston

FL

Zip Code

33327

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.

Javier Torrens

2/12/01

DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	MD TORRENS, JAVIER 2650 N.W. 75TH AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11380 NW 36 Terr miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Torrens

2/12/01

Date

Daytime Phone #

(305)

599-0832

CR2E034 (10/00)