

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 29 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035565

1. Entity Name

SALES LOGISTICS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11380 NW 36 TERRACE

3. Mailing Address
11380 NW 36 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0710458

Applied For
Not Applicable

Zip
33178

Country
US

Zip
33178

Country
US

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
ALAN B. COHN

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

2021 TYLER STREET

City
HOLLYWOOD

FL

Zip Code
33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DP DIZ, ANTHONY
11380 NW 36 TERRACE
MIAMI, FLORIDA 33178

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

100017223121
04/28/03-01133-011-#051725

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VP/S/T RODRIGUEZ, LUCIANN
11380 NW 36 TERRACE
MIAMI, FLORIDA 33178

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY DIZ, PRESIDENT

Date

Daytime Phone #

4/21/03 305-599-2790

CR2E034B (12/02)

7/4/30