

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091339

1. Entity Name

LOGISTICCOM SERVICES CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90075 029 ***150.00

Principal Place of Business

17094 COLLINS AVE
 SUITE A612
 MIAMI FL 33160

Mailing Address

17094 COLLINS AVE
 SUITE A612
 MIAMI FL 33180-2456

2. Principal Place of Business

3400 NE 192 ST.

3. Mailing Address

3400 NE 192 ST.

Suite, Apt. #, etc.

APT. 1007

Suite, Apt. #, etc.

APT. 1007

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

Country

33180

Zip

33180

Country

4. FEI Number

65-0705127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CURLIN, FRANCIS F
 17094 COLLINS AVENUE
 SUITE A612
 MIAMI FL 33160

7. Name and Address of New Registered Agent

Name

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

3400 NE 192 ST.

APT. 1007

City

AVENTURA

FL

Zip Code

33180

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

2-14-2000

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTSD
 CURRLIN, FRANCIS F
 17094 COLLINS AVE., APT. A612
 MIAMI FL 33160

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 3400 NE 192 ST. APT. 1007
 AVENTURA, FL 33180

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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, with all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000

Date

Daytime Phone #

305-705-9905

CR2E034 (9/99)