## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P96000098348 1. Entity Name GLOBAL LOGISTICS SUPPORT, INC. 04-24-2000 90070 013 \*\*\*150.00 Mailing Address Principal Place of Business 8209 N.W. 68TH ST. 8209 N.W. 68TH ST. MIAMI FL 33166-2760 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 151stTER 13611 36 // SW 15/STTER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0845524 Miami hi a mi Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAPATA, CESAR Street Address (P.O. Box Number is Not Acceptable 8209 N.W. 68TH STREET sω MIAMI FL 33166 a mi 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. E. ZAPATA SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 3 % % PAPATA, CESAR 13611 5 W 151 ST TER PS Change Addition ☐ Delete TITI F TITLE ZAPATA, CESAR -NAME NAME STREET ADDRESS 8209 N.W. 68TH STREET STREET ADDRESS 33186 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33166 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

13. Thereby 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. 786-242-0713

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR