2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P96000098348 DOCUMENT # 1. Entity Name GLOBAL LOGISTICS SUPPORT, INC. 05-20-2002 90041 035 ***150.00 Principal Place of Business Mailing Address 13611 SW 151ST TERR 13611 SW. 151ST TERR MIAMI FL 33186 MIAM! FL 33186 US IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0845524 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZAPATA, CESAR Street Address (P.O. Box Number is Not Acceptable) **13611 SW 151ST TERRACE** MIAMI FL 33186 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE ZAPATA, CESAR NAME NAME 13611 SW 151ST TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITI E ZAPATA, LILIA NAME NAME **13611 SW 151ST TERRACE** STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NUMBE OF SIGNING OFFICER OR DIRECTOR

Date

changed, or on an attachment with an address, with all other like empowered (ESAR E. ZAPATA

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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

4-27-02 786-242-07/3

FILED