

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90219 031 \*\*\*150.00

**DOCUMENT # P97000001990**

1. Entity Name

**CONTRACT LOGISTICS, INC.**

Principal Place of Business

**10480 NW 37 TERMCE  
 MIAMI FL 33178**

Mailing Address

**10480 NW 37 TERMCE  
 MIAMI FL 33178**

2. Principal Place of Business

**7989 NW 21 ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**7989 NW 21 ST**  
 Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0715950**

Applied For

Not Applicable

Zip

**33122**

Country

**USA**

Zip

**33122**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDESPINO, LUIS  
 10480 NW 37 TERRACE  
 MIAMI FL 33178**

Name

**JOHNNY TSIMOGLIANNIS**

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

**770 Ponce de Leon Blvd**

**SUITE 210**

City

**CORAL GABLES FL**

Zip Code

**33134**

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 the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete  
 NAME **P VALDESPINO, LUIS**  
 STREET ADDRESS **11480 SW 59 TERACE**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
 NAME **VP REVILLA, MARIO**  
 STREET ADDRESS **5406 SW 134 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/01 (305) 463-9861**

CR2E034 (10/00)