

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062362

1. Entity Name

TIGER LOGISTIC, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90152 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2050 NW 95 AVE  
MIAMI FL 33172

2050 NW 95 AVE  
MIAMI FL 33172-2350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0770046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, OSCAR W  
2050 NW 95 AVE  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

~~DANIEL A. DOMASZEWSKI~~ DANIEL A. DOMASZEWSKI

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

2050 NW 95 AVE

City

MIAMI

FL

Zip Code

33172

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

*Daniel Domaszewski*

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

(NOTE: Registered Agent signature required when reinstating)

3/14/00  
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, 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 D ☒ Delete  
NAME ANTAGLI, CARLOS H  
STREET ADDRESS 2050 NW 95 AVE  
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Delete  
NAME DOMASZEWSKI, DANIEL A  
STREET ADDRESS 2050 NW 95 AVE  
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☒ Delete  
NAME RAMIS, OSVALDO  
STREET ADDRESS 2050 NW 95 AVE  
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☒ Delete  
NAME AGUILAR, RICARDO  
STREET ADDRESS 2050 NW 95 AVE  
CITY-ST-ZIP MIAMI FL 33172

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Daniel Domaszewski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 (305) 594-1394

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE