2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am § Secretary of State DOCUMENT # **P97000086740** 1. Entity Name 05-17-2001 91345 049 ***150.00 IN TOUCH LOGISTIC SERVICES, INC. Principal Place of Business Mailing Address 1515 NW 167 STREET 1515 NW 167 STREET MIAMI FL 33169 MIAMI FL 33169 Principal Place of Business 395 N. W. 167 STREET DO NOT WRITE IN THIS SPACE 110 City & State Applied For 4. FEI Number 65-0785509 HOMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_)ade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zin Code 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE PD NAME DAVIS, WAYNE STREET ADDRESS STREET ADDRESS 1395 NORTHWEST 167TH STREETT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ۷D NAME NAME JACKSON, NATHANIEL STREET ADDRESS STREET ADDRESS 1395 NORTHWEST 167TH STREETT CITY-ST-ZIP CITY-ST-ZIP MIAMI.FL 33169 ☐ Delete TITLE SD TITLE NAME NAME ROBERTS, CLEVELAND III STREET ADDRESS STREET ADDRESS 1395 NORTHWEST 167TH STREETT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Change Addition TITLE ☐ Delete NAME NAME HALL, DERRAL STREET ADDRESS STREET ADDRESS 1395 NORTHWEST 167TH STREETT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change Addition

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 truetee 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

DAVIS, MARILYN

MIAMI FL 33169

340 NW 205 TERR.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Change

Addition