

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 8:00 am
Secretary of State****DOCUMENT # P98000017746****FILED**

1. Entity Name

AMERICAN LOGISTICS & DISTRIBUTION, INC.

01 NOV -6

PM 12:17 03-28-2001 90204 021 ***150.00

Principal Place of Business

**10097 CLEARY BLVD.
SUITE 298
PLANTATION FL 33324**

Mailing Address

**10097 CLEARY BLVD.
SUITE 298
PLANTATION FL 33324****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0821864**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TRENK, PERRI
1020 NW 107TH AVE.
PLANTATION FL 33322****PERRI TRENK****10911 NW 3RD STREET****Plantation****FL 33324**

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 withdrawing.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP
TRENK, PERRI
10097 CLEARY BLVD., SUITE 298
PLANTATION FL 33324**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**Dana McGowan - ☒ Change ☐ Addition
10097 Cleary Blvd Suite 298
Plantation, FL 33324**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP
BEAVERS, DANA
10097 CLEARY BLVD., SUITE 298
PLANTATION FL 33324**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change ☒ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
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CITY-ST-ZIP**☐ Change ☒ Addition**TITLE
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CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change ☒ Addition**

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report or supplement 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, as appropriate, and that I am authorized 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.

SIGNATURE:

**Dana McGowan 10/20/01 800-735
2102****Original signature**

CR2E034 (10/00)

*Amended**10/20/01*