

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90217 045 \*\*\*150.00

**DOCUMENT #** P98000034900 15700

**1. Entity Name**

San Jose Logistics Inc. 72 ✓



90104356

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6885 N.W. 25th Street	<b>3. Mailing Address</b> 16955 SW 236th St
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Miami, Florida	<b>City &amp; State</b> Homestead Florida	<b>4. FEI Number</b> 65-0844762	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> 33122	<b>Country</b> U.S.	<b>Zip</b> 33091	<b>Country</b> U.S.
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Luis M. Olarte

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

16455 S.W. 236th Street

**City** Homestead **FL** **Zip Code** 33031

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME</b> PRESIDENT/TREASURER/DIR OLARTE, LUIS M. <b>STREET ADDRESS</b> 16455 S.W. 236TH STREET <b>CITY-ST-ZIP</b> MIAMI-FLORIDA 33091	<b>TITLE NAME</b> VICE PRESIDENT/SECRETARY/DIR (ADD) MIRON, ALMA <b>STREET ADDRESS</b> 13319 S.W. 9TH TERR <b>CITY-ST-ZIP</b> MIAMI-FLORIDA 33189	<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
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IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** L. Olarte 04-21-03 786-265-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)