

**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

1. Entity Name

San Jose Logistics Inc.



90104356

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6885 N.W. 25th Street

3. Mailing Address
16955 SW 236th St

Suite, Apt. #, etc.
Suite #3

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Homestead, Florida

4. FEI Number 65-0844762

Applied For
 Not Applicable

Zip
33122

Country
U.S.

Zip
33091

Country
U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

**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

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

(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
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
PRESIDENT/TREASURER/DIR
OLARTE, LUIS M.
STREET ADDRESS
16455 S.W. 236TH STREET
CITY-ST-ZIP
MIAMI-FLORIDA 33091

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
VICE PRESIDENT/SECRETARY/DIR (ADD)
MIRON, ALMA
STREET ADDRESS
13319 S.W. 9TH TERR
CITY-ST-ZIP
MIAMI-FLORIDA 33189

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03

Date

786-265-0500

Daytime Phone #

CR2E034B (12/02)