

**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.



**DO NOT WRITE IN THIS SPACE**

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

Suite, Apt. #, etc.  
Suite #3

City & State  
Miami, Florida

Zip  
33122

Country  
U.S.

**3. Mailing Address**

16455 SW 236th St

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip  
33091

Country  
U.S.

**4. FEI Number** 65-0844762

Applied For  
Not Applicable

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

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

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

**TITLE**  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-21-03 786-265-0500

CR2E034B (12/02)