

DOCUMENT # P980000046990

1. Entity Name

G.F.S. LOGISTICS CORP.

FILED

Apr 19, 2000 8:00 am
Secretary of State

01-20-2000 90108 038 ***150.00

Principal Place of Business

Mailing Address

~~3575 NW 60TH STREET
MIAMI FL 33142~~~~3575 NW 60TH STREET
MIAMI FL 33142-3036~~11919 S.W. 130 ST
MIAMI FL 33186 ← SAME

2. Principal Place of Business

3. Mailing Address

11919 S.W. 130 ST

11919 S.W. 130 ST

Suite, Apt. #, etc.

UNIT 200

Suite, Apt. #, etc.

UNIT 200

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33186

Country

USA

DO NOT WRITE IN THIS SPACE

65-0833439

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

~~GONZALEZ MARY~~
~~15280 S.W. 153RD STREET~~
~~MIAMI FL 33187~~

Celdia Estevez
 3290 N.W. 4 ST
 MIAMI FL
 33125

Name EDDIE ESTEVEZ

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

3290 N.W. 4 ST

City

MIAMI

FL

Zip Code

33125

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.

NO ~~(Signature)~~ Eddie Estevez 2/28/00

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 D ☐ Delete
 NAME GONZALEZ, DAVID
 STREET ADDRESS 15280 S.W. 153RD STREET
 CITY-ST-ZIP MIAMI FL 33187 President

TITLE MARY GONZALEZ ☐ Change ☒ Addition
 NAME 15280 S.W. 153RD ST
 STREET ADDRESS MIAMI FL 33187 Vice President

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CELE034 (9/99)