## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P98000048991 BUSINESS LOGISTICS INTERNATIONAL, INC. 01-27-2001 90071 017 \*\*\*150.00 Principal Place of Business Mailing Address 2205 HOLLYWOOD BLVD #36A 2205 HOLLYWOOD BLVD #36A HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 905684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0840404 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD ☐ Delete Change ☐ Addition TITLE NAME AUSPITZ, RICHARD P NAME STREET ADDRESS STREET ADDRESS 2205 HOLLYWOOD BLVD #36A CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME TABB, MARGOT S STREET ADDRESS STREET ADDRESS 2205 HOLLYWOOD BLVD #36A CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Ho changed, or on an attachment with an address, with all other like empowered. effect as if made under oath; that I am an officer or director tatutes; and that my name appears in Block 11 or Block 12 if orida

07(3)(i), Florida Statutes. I further certify that the information