## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED Feb 21, 2002 8:00 am Secretary of State		
DOCUMENT # P98000048991							
1. Entity Nam BUSINES	S LOGISTICS INTERNATIONA			02-21-2002 90032 026 ***150.00			
Principal Place of Business Mailing Address			204				
2205 HOLLYWOOD BLVD #36A 2205 HOLLYWOOD BLVD #36A HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			30A				
2. Principal Place of Business 3. Mailing Address							<b>9101</b>   1 <b>51</b>   116
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	е	City & State		4.	FEI Number <b>65-0840404</b>	<del></del>	plied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Add	litional
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New Re	Fee Require	
AMERILAWYER				Name			
343 ALMERIA AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)			
CORAL G	ABLES FL 33134		City			Zip Code	
9. The above	and onthe authority this statement for the	he aurages of shooping its ro		conintered or	rest or both in the Chate of Flow	<u> </u>	
8. The above	named entity submits this statement for t	ne purpose or changing its re	gistered office of	registered ag	jent, or both, in the State of Flor	ida.	
SIGNATURE.	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: F	Registered Agent signatu	re required when r	einstating)	DATE	
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.0	00	10. Election Campaign Fina	noing &F.O.	0
	requirement and elects to do so.	· ·	002 Fee will be \$550.00 ble to Department of Stat		Trust Fund Contribution	+0.0	May Be to Fees
11.	OFFICERS AND DI	RECTORS	12.	AE	DITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11
TITLE NAME	PTD   Auspitz, Richard P	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	[	!	STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020	<del></del>	CITY-ST-ZIP			·	
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STREET ADDRESS	TABB, MARGOT S 2205 HOLLYWOOD BLVD #36A	'	STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP				
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TITLE		□ Delete	TITLE			☐ Change	Addition
NAME			NAME			2	
STREET ADDRESS CITY-ST-ZIP	1 1		STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with th	is filing does not qualify for th		ed in Section	119 07(3Vi) Florida Statutes 11	urther certify that the in	formation
indicated of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	ue and accurate and that my ered to execute this report as	signature shall ha	ave the same	legal effect as if made under or	ath, that I am an officer	or director

**SIGNATURE:**