2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000070874 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name INTERNATIONAL LOGISTICS GROUP, INC. 06-05-2000 90018 047 ***158.75 Principal Place of Business Mailing Address P.O. BOX 552137 6365 TAFT ST OPA LOCKA FL 33055-0137 TUOTWO HOLLYWOOD FL 33024 US 2. Principal Place of Business 3. Mailing Address -- Suite, Apt.#, etc. --Suite-Apt-#, etc: City & State 4. FEI Number Applied For City & State 65-0862055 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MALCOLM, SHERYL W Street Address (P.O. Box Number is Not Acceptable) 6365 TAFT ST STE 3002 HOLLYWOOD FL 33024 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10, Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE Delete TITLE NAME NAME JENNINGS, KEITH B STREET ADDRESS STREET ADDRESS 1100 NW 203RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Change ☐ Addition ☐ Delete TITLE NAME MALCOLM, SHERYL W NAME STREET ADDRESS STREET ADDRESS 6365 TAFT ST STE 3002 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 receive employees the section of the receiver or receive the section of the receiver or receiver or receiver as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment

Daytime Phone #