2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
02-09-2001 90205 037 ***150.00

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DOCUMENT # P98000070874

1. Entity Name

INTERNATIONAL LOGISTICS GROUP, INC.

Principal Place of Business	Mailing Address
2390 NW 147TH STREET MIAMI FL 33054 US	2390 NW 147TH STREET MIAMI FL 33054 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6365 TAFT ST Suite, Apt. #, etc. 3002
City & State	City & State Hollywood FL
Zip / Country	Zip / Country 33024 / BROWARD

4. FEI Number 65-0862055 ☐ 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
MALCOLM, SHERYL W 2390 NW 147TH STREET MIAMI FL 33054	Name: JAN M. CARROLL Street Address (P.O. Box Number is Not Acceptable): 6365 TAFT ST SUITE 3002 City: Hollywood FL Zip Code: 33024

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: Jan M Carroll, JAN M. CARROLL President 2/7/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CARROLL, JAN M 11610 FACHINNA PLACE GLENN DALE MD 20769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Jan M Carroll JAN M. CARROLL 2/7/01 954-981-7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #