

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90041 007 ***150.00

DOCUMENT # P98000094611 ✓
1. Entity Name
Superior International Logistics
Principal Place of Business
Superior International Logistics Inc
MIAMI Florida USA
Mailing Address
PO Box 901422
Homestead FL
33090-1422

2. Principal Place of Business
7387 NW 54 Street
Suite, Apt. #, etc.
3. Mailing Address
PO Box 901422
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip
33126
Country
USA
City & State
Homestead FLORIDA
Zip
33090-1422
Country
USA

6. Name and Address of Current Registered Agent
Superior Int'l Logistics
PATRICE DIAZ MARIN
PO Box 901422
Homestead FL 33090-1422

4. FEI Number
65-0877588
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT NAME PATRICE DIAZ MARIN STREET ADDRESS 18851 SW 294 Terr CITY-ST-ZIP Homestead FL 33030	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LINO MIGUEL MARIN Jr STREET ADDRESS 18851 SW 294 Terrace CITY-ST-ZIP Homestead FL 33030	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Sec/Treas NAME PHYLLIS DAVID STREET ADDRESS 208 NW 19 ST CITY-ST-ZIP ATA HOMESTEAD FL 33030	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PATRICE DIAZ MARIN 5/26/00 305-247-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)