

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
May 23, 2001 8:00 am
Secretary of State

05-02-2001 90002 017 ***150.00

DOCUMENT # P98000094611

1. Entity Name

SUPERIOR INTERNATIONAL LOGISTICS, INC.

Principal Place of Business

7387 NW 54 ST
 MIAMI FL 33126

Mailing Address

POST OFFICE BOX 901422
 HOMESTEAD FL 33090

2. Principal Place of Business

7247 NW 54 Street

3. Mailing Address

7247 NW 54 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0877588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LOSNER, STEVEN D
 65 N.W. 16TH STREET
 HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

MATOS, ANTONIO

Street Address (P.O. Box Number is Not Acceptable)

7247 NW 54 Street

City

MIAMI

FL

Zip Code

33166

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 re-registering)

DATE

5/16/01

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

TITLE	D	☐ Delete
NAME	MARIN, PATRICIA DIAZ	
STREET ADDRESS	18851 S.W. 294TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ Delete
NAME	MARIN, LINO JR.	
STREET ADDRESS	18851 S.W. 294TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ Delete
NAME	DAVID, PHYLLIS	
STREET ADDRESS	208 N.W. 19TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MARIN, PATRICE DIAZ	
STREET ADDRESS	7247 NW 54 Street	
CITY-ST-ZIP	Miami FL 33166	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	PHYLLIS DAVID, PHYLLIS	
STREET ADDRESS	440 SE 20 Lane	
CITY-ST-ZIP	Homestead FL 33033	
TITLE	Secretary	☐ Change ☒ Addition
NAME	David, Jean	
STREET ADDRESS	440 SE 20 Lane	
CITY-ST-ZIP	Homestead FL 33033	
TITLE	VP	☐ Change ☒ Addition
NAME	MATOS, ANTONIO	
STREET ADDRESS	7247 NW 54 Street	
CITY-ST-ZIP	Miami FL 33166	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

305 805 0650

Daytime Phone #

CR2E034 (10/00)