

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000103231

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: LOGISTICX MANAGEMENT CORP.

Current Principal Place of Business:

11214 PINES BLVD
#172
HOLLYWOOD, FL 33026

New Principal Place of Business:

Current Mailing Address:

11214 PINES BLVD
#172
HOLLYWOOD, FL 33026

New Mailing Address:

PO BOX 827082
SOUTH FLORIDA, FL 330827082

FEI Number: 65-0891112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUCHS, PATRICIA F
11214 PINES BLVD
#172
HOLLYWOOD, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FUCHS, PATRICIA
Address: 11214 PINES BLVD #172
City-St-Zip: HOLLYWOOD, FL 33026

Title: MDD () Delete
Name: PIRES, VILMAR
Address: 11214 PINES BLVD #172
City-St-Zip: HOLLYWOOD, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILMAR PIRES

MDD

04/29/2002

Electronic Signature of Signing Officer or Director

Date