

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000002413

1. Entity Name

Freight Logistics, Inc.



03 NOV -4 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6955 NW 52 St. Suite, Apt. #, etc. #201-B City & State Miami, FL Zip 33166 Country USA		3. Mailing Address 6955 NW 52 St. Suite, Apt. #, etc. #201 City & State Miami, FL Zip 33166 Country USA	
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4. FEI Number 65-0886582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Carlos Lopez	
Street Address (P.O. Box Number is Not Acceptable) 6955 NW 52 St. #201-B	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T carlos Lopez 6955 NW 52 St. #201-B Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023858470 10/16/03--01069--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023858470 11/04/03--01069--001 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied in 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 10 or on an attachment with an address, with all other officers empowered.

SIGNATURE: X 10/15/03 (305) 591-0160  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)