

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000006079**

1. Entity Name

D.O. LOGISTICS ENTERPRISES, INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90018 031 ***150.00

Principal Place of Business

Mailing Address

C/O ROSS H. MANELLA, P.A.
2500 HOLLYWOOD BLVD. #212
HOLLYWOOD FL 33020C/O ROSS H. MANELLA, P.A.
2500 HOLLYWOOD BLVD. #212
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3**Suite #3**

City & State

Weston, FL

City & State

Weston, FL

Zip

Country

33326**US**

Zip

Country

33326**US**

4. FEI Number

65-0906345

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ROSS H. MANELLA P.A.**
2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020**7. Name and Address of New Registered Agent**Name **MANELLA, ROSS H. ESQ.**Street Address (P.O. Box Number is Not Acceptable)
2237 N. Commerce Parkway**Suite #3**City **Weston****FL**Zip Code
33326

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.

Ross Manella

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	QUELLETTE, DANIEL	
STREET ADDRESS	201 BOULEVARD DUCHARME #203B	
CITY-ST-ZIP	SAINTE-THERESE QUEBEC CANADA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	OLYNICK, DANNY	
STREET ADDRESS	201 BOULEVARD DUCHARME #203B	
CITY-ST-ZIP	SAINTE-THERESE QUEBEC CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Ouellette

Date

(954) 385-3637

Daytime Phone #

CR2E034 (9/99)