

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015955

1. Entity Name

BEST LOYAL COURIER SERVICE, INC.

*B.L.L. Logistics, Inc.*

Principal Place of Business

Mailing Address

881 S.E. 5TH PLACE 8008 N.W. 14 ST.

HIALEAH FL 33010 Miami, FL. 33126

881 S.E. 5TH PLACE

HIALEAH FL 33010-5719

2. Principal Place of Business

8008 N.W. 14 ST.

3. Mailing Address

7956 N.W. 14 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami, FL.

Zip

Country

Zip

Country

33126

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVERA, BERTO  
881 S.E. 5TH PLACE  
HIALEAH FL 33010

*Lonzalez, Luis*  
7956 N.W. 14 ST.  
Miami, FL. 33126

Name

*Lonzalez, Luis*

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

7956 N.W. 14 ST.

City

Miami, FL.

FL

Zip Code

33126

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

*Luis Gonzalez*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/00

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 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PD- Vice-president* ☐ Delete  
NAME OLIVERA, BERTO  
STREET ADDRESS 881 S.E. 5TH PLACE  
CITY-ST-ZIP HIALEAH FL 33010

TITLE *President* ☐ Change ☒ Addition  
NAME *Lonzalez, Luis*  
STREET ADDRESS *10836 S.W. 145 CT. Miami, FL.*  
CITY-ST-ZIP *33186*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Treasurer, Sec.* ☐ Change ☒ Addition  
NAME *Vivian Lonzalez*  
STREET ADDRESS *10836 SW 145 CT, Miami, FL.*  
CITY-ST-ZIP *33186*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:

*Vivian Lonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 (305) 594-1111

Date

Daytime Phone #

CR 104 (9/98)