2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90120 022 ***150.00

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DOCUMENT # P99000035243

1. Entity Name

M.V. LOGISTICS, INC.

Principal Place of Business	Mailing Address
1911 NW 151 STREET OPA LOCKA FL 33054	1911 NW 151 STREET OPA LOCKA FL 33054

D0052429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1135 Guernsey dR	1135 Guernsey dR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lawrenceville Ga	City & State: Lawrenceville Ga
Zip: 30043 / Country: Gwinnet	Zip: 30043 / Country: Gwinnett

4. FEI Number 65-0912960 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNARD, ANTHONY 16201 W 95 AVENUE SUITE 109 OPA LOCKA FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEVARRIA, ANGEL 1911 NW 151 STREET OPA LOCKA FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. VICTOR M BONNET 1135 Guernsey dR Lawrenceville Ga 30043 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONET, VICTOR 1135 GUERNSEY DRIVE LAWRENCEVILLE GA 30043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARENA BONNET 1135 Guernsey dR Lawrenceville Ga 30043 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: VICTOR M BONNET 4-24-01 770 6826958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #