

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066304

1. Entity Name

ALAN LOGAN CARRIERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 016 ***150.00

Principal Place of Business

Mailing Address

~~2561 NORTHWEST 56TH AVENUE~~

~~2501 NORTHWEST 56TH AVENUE~~

~~#H~~
~~LAUDERHILL FL 33312~~

~~#H~~
~~LAUDERHILL FL 33313-2477~~

2. Principal Place of Business

4208 NW 75TH AVE

3. Mailing Address

4208 NW 75TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number
650936597

Applied For
Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

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

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name
ALAN LOGAN

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

4208 NW 75TH AVENUE

City
CORAL SPRINGS FL FL Zip
33065

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
Alan Logan

ALAN LOGAN, PRES

4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(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 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	PTD	<input type="checkbox"/> Delete
NAME	N.G. LOGAN, ALAN N	
STREET ADDRESS	2561 NORTHWEST 56TH AVENUE #H	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	E.T. LOGAN, CHEVANNEASE	
STREET ADDRESS	2561 NORTHWEST 56TH AVENUE #H	
CITY-ST-ZIP	LAUDERHILL FL 33313	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4208 NW 75TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4208 NW 75TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS,	
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: *Alan Logan*

ALAN LOGAN

4/27/00

(954) 575-0407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)