

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069708

1. Entity Name

QUEST LOGISTICS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90115 021 ***158.75

Principal Place of Business Mailing Address
1126 S.W. 158TH WAY 1126 S.W. 158TH WAY
PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33166-3347

2. Principal Place of Business 3. Mailing Address
9999 NW 89th Avenue #3 9999 NW 89th Avenue #3
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NEALEY FL NEALEY FL
Zip Country Zip Country
33178 33178

4. FEI Number Applied For
65-0939776 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
URIBE, JUAN CARLOS Name: Gustavo Belgrano
1126 S.W. 158TH WAY Street Address (P.O. Box Number is Not Acceptable): 8920 NW 8th Street #502
PEMBROKE PINES FL 33027 City: Miami FL Zip Code: 33172

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/00

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 NAME STREET ADDRESS CITY - ST - ZIP	D URIBE, JUAN CARLOS 1126 S.W. 158TH WAY PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELGRANO, GUSTAVO 1126 S.W. 158TH WAY PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT BELGRANO, GUSTAVO 8920 NW 8th Street #502 Miami FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/00 (305) 805-9966
Date Daytime Phone #

CR2E034 (9/99)