2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000077852 **DOCUMENT #**

1. Entity Name

SANCHEZ LOGISTICS, INC.



FILED Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90159 040 ***150.00

PROBLEM PRO LANGE OF POLK CITY FL 38888 POLK CITY FL 38888 SMALE April Value: Surfax April Value: Surfax April Value: CHECK HERE IF MAK MO CHANGES							GOO WE THE	1				
Suite. Apt. #, etc. CHeCk HERE F MAKING CHANGES City & State Check HERE F MAKING CHANGES Zip Country Zip Country S. Cartificate of Status Deprind Sep. 75 Antisticnal Fee Prophility Fee Prophility Sep. 75 Antisticnal Fee Prophility Sep. 75 Antisticn	9960 EVANS RD			P.O. B	P.O. BOX 9							
City & State Country Country Special C	2. Principal P	Place of Busin	3. Maili	3. Mailing Address						1 (613) <u>(</u> 1111)	ANNO 1901 1001 F	
SPORT SPOR	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code C	City & Stat	te	City 8	City & State			4. 8	4. FEI Number 59-3597138				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL 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. I am familiar with, and accept the obligations of registered agent are set agreed agent and the ill accidence. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make(Check Payable to Florida Department of State) 10.	Zip :		Country	Zip		Count	ry	5. (Certificate of Status Desired			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL 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. I am familiar with, and accept the obligations of registered agent, used or pleted name of registered agent. SIGNATURE FILE NOW!! FEE IS \$15.0.00 After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Florida Department of State 10. OFFICEIS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICEIS AND DIRECTORS SANCHEZ, ROBERT P SANCHEZ, ROBERT P SANCHEZ, BOBERT P SANCHEZ, BOBERT P SANCHEZ, SHARON SIRET AUGRESS OTTY-ST-2P POLK CITY FL 33688 OTTY-ST-2P POLK CITY FL 33688 OTTY-ST-2P FULL THE ST Debte TILE MAKE SIRET AUGRESS OTTY-ST-2P FULL THE ST Debte TILE MAKE SIRET AUGRESS OTTY-ST-2P FULL THE ST Debte TILE MAKE SIRET AUGRESS OTTY-ST-2P FULL THE ST Debte TILE MAKE SIRET AUGRESS OTTY-ST-2P FULL THE ST Debte TILE MAKE SIRET AUGRESS OTTY-ST-2P TILE MAKE SIRET AUGRE		6. Name	and Address of Cur	rent Registered	Agent			7. 1	Name and Address of New Regist	ered Ag	ent	
Addition AMERICA AVENUE Cory City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, speak or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make(Check Payable to Florida Department of State) 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE SANCHEZ, ROBERT P SANCHEZ, SHARON SIRET ADDRESS OTTY-ST-2P FOLK CITY FL 33868* OTTY-ST-2P FILE STRET ADDRESS OTTY-ST-2P FILE MAKE SIRET ADDRESS OTTY-ST-2P TILE TILE MAKE SIRET ADDRESS OTTY-ST-2P TILE TILE TILE MAKE SIRET ADDRESS OTTY-ST-2P TILE TIL	SPIEGEL 8	& UTRERA,	P.A.							-:		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, timbe or pristed name or ingotteric agent and its of apopticable (MOTE Registered Agent signature majorid when ministering) DATE					Street Addre			s (P.U. Box Number is Not Acceptable)				
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. I am familiar with, and accept the obligations of registered agent. Common	CORAL O	ADLES FE S	3134				City			FI	Zip Cod	e
SIGNATURE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$55.00 May Be Added to Fees						1					L	
FILE NOW!! FEE IS \$150.00 Alter May 1, 2003 Fee will be \$550.00 Make/Check Payable to Florida Department of State 10.				ent for the purpo	se of changing its	s registere	d office or regist	tered ag	ent, or both, in the State of Florida.	I am far	niliar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make/Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applic	cable. (NOT	E: Registered	Agent signature requi	ired when re	einstating)	DATE		
After May 1, 2003 Fee will be \$550.00 Make/Check Payable to Florida Department of State 10.	F	ILE NOWII	EEE IS \$150.00			_						7-
Make/Check Payable to Florida Department of State 10.		-	* -	1					1	~ —		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET									Trust Fund Contribution.	Ш	Added	to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET						11,		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR!	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP POLK CITY FL 33868 STEP ADDRESS CITY-ST-ZIP ST SANCHEZ, SHARON STREET ADDRESS CITY-ST-ZIP SANCHEZ, SHARON STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS		PSTD	3.1102.13	JIII BIII LOTOT		_			, , , , , , , , , , , , , , , , , , ,			
STREET ADDRESS CITY-ST-ZIP TITLE ST SANCHEZ, SHARON SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS			ROBERT P		LI Delete					L		
CITY-ST-ZIP POLK CITY FL 33868 TITLE ST Delete SANCHEZ, SHARON 9870 EVANS RD CITY-ST-ZIP POLK CITY FL 33868* TITLE NAME SIREET ADDRESS CITY-ST-ZIP POLK CITY FL 33868* TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-												
NAME STREET ADDRESS CITY-ST-ZIP POLK CITY-FL-33868* TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	CITY-ST-ZIP					CITY-	ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP POLK CITY-FL-33868* TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE			**	□ Doloto	TITLE					7 Channe	☐ Addition
STREET ADDRESS CITY-ST-ZIP POLK CITY-FL-33868* TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR		T .	SHARON		☐ Delete	1					_ onunge	
CITY-ST-ZIP POLK CITY-FL*33868* CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							i					
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z	CITY-ST-ZIP -=			~		CITY-	ST-ZIP		يستوجن راحات المتاسات		·	~
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z	TITLE				☐ Delete	TITI F						Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE					Delete				•	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADDRESS								,			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP]				CITY-	ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	TITLE				☐ Delete	. TITLE	_ -	_		г	Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP										_		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS C	STREET ADDRESS					STREE	T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	CITY-ST-ZIP					CITY-	ST-ZIP					}
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	TITLE		·	***	☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	NAME		•			NAME				_	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	STREET ADDRESS					STREE	T ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. 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	CITY-ST-ZIP					CITY-	ST-ZIP	_				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE				☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME					NAME	1				-	
12. 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	STREET ADDRESS					STREE	T ADDRESS					
12. 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 path; that I am an officer or director.	CITY-ST-ZIP			1		CITY-	ST-ZIP					
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 path; that I am an officer or director.	12. I hereby o	certify that the	information supplied	with this filing of	loes not qualify for	r the exen	ption stated in S	Section :	119.07(3)(i), Florida Statutes. I furth	er certify	that the ir	formation
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	indicated of the corp	on this report poration or the	or supplemental rep e receiver or trustee o	ort is true and a empowered to e	ccurate and that r xecute this report	ny signatu as require	ire shall have the	e same l	legal effect as if made under oath; t	hat I am	an officer	or director

SIGNATURE: 20016018 SOM OF CONTROL 1