

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90001 035 ***150.00

DOCUMENT # P99000084326

1. Entity Name

AJL LOGISTICS GROUP, INC.

Principal Place of Business

6713 N.W. 84TH AVENUE
 MIAMI FL 33166

Mailing Address

6713 N.W. 84TH AVENUE
 MIAMI FL 33166-2614

2. Principal Place of Business

8211 NW 68th St

Suite, Apt. #, etc.

3. Mailing Address

8211 NW 68th St

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0949511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, FRANCISCO J
9205 S.W. 10TH TERRACE
MIAMI FL 33174

7. Name and Address of New Registered Agent

NUNEZ, FRANCISCO J

8211 NW 68th STREET

MIAMI

FL

Zip Code 33166

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

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

TITLE **P** ☐ Delete
 NAME **WILLIAMS, ADRIAN B**
 STREET ADDRESS **786 N.W. 151ST AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **V** ☐ Delete
 NAME **BLACKWOOD, LINCOLN M**
 STREET ADDRESS **1050 N.W. 191ST AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **V** ☐ Delete
 NAME **GARCIA, JAMES**
 STREET ADDRESS **8290 LAKE DRIVE, APT. 543**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE **V** ☐ Delete
 NAME **NUNEZ, FRANCISCO J**
 STREET ADDRESS **9205 S.W. 10TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **S** ☐ Delete
 NAME **DAMASIO, ANGELA**
 STREET ADDRESS **4690 N.W. 102ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **V** ☒ Change ☐ Addition
 NAME **JAMES GARCIA**
 STREET ADDRESS **7830 Camino Real Apt. K-401**
 CITY-ST-ZIP **MIAMI, FL 33143**

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

TITLE ☐ Change ☐ Addition
 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)