07

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 29 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095308

1. Entity Name

PROPERTIES LOGISTICS, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11380 NW 36 TERRACE | 11380 NW 36 TERRACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FLORIDA | City & State: MIAMI, FLORIDA |
| Zip: 33178 Country: US | Zip: 33178 Country: US |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965913 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: ALAN B. COHN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2021 TYLER STREET

City: HOLLYWOOD FL Zip Code: 33020

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: _____ ALAN B COHN, ESQ 4/24/03

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

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE DP<br>NAME DIZ, HENRY<br>STREET ADDRESS 11380 NW 36 TERRACE<br>CITY-ST-ZIP MIAMI, FLORIDA 33178 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP 900017223069<br>04/28/03--01133--010 **150.00 |
| TITLE D/S<br>NAME HICKEY, JOHN<br>STREET ADDRESS 11380 NW 36 TERRACE<br>CITY-ST-ZIP MIAMI, FLORIDA 33178 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE VP<br>NAME DIZ, ANTHONY<br>STREET ADDRESS 11380 NW 36 TERRACE<br>CITY-ST-ZIP MIAMI, FLORIDA 33178 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP **DO NOT WRITE** |
| TITLE<br>NAME T RODRIGUEZ, LUCIANN<br>STREET ADDRESS 11380 NW 36 TERRACE<br>CITY-ST-ZIP MIAMI, FLORIDA 33178 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP **IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

CR2E034B (12/02)

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 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ HENRY DIZ, PRESIDENT 4/21/03 305-599-2790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 4/30