

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000102630

1. Entity Name

LA ROSA LOGISTICS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-06-2000 90016 015 ***150.00

Principal Place of Business

Mailing Address

WEST 6TH STREET
FL 33010

53 WEST 6TH STREET
HIALEAH FL 33010

2. Principal Place of Business

1800 NW 96 AVE

Suite, Apt. #, etc.

3. Mailing Address

53 W 6 St

Suite, Apt. #, etc.

City & State

MIAMI FLOR.

City & State

HIALEAH FLA

Zip

33172

Country

Dade

Zip

33010

Country

Dade

4. FEI Number

05-0963923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMADOR, CLARA
53 WEST 6TH AVENUE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

CLARA AMADOR

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

53 W 6 St

City

HIALEAH

FL

Zip Code

33010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LA ROSA, MIGDALE	
STREET ADDRESS	53 WEST 6TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	AMADOR, CLARA	
STREET ADDRESS	53 WEST 6TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

Clara Amador
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/26/00

Daytime Phone #

CR2E034 (9/99)