

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000066311

Entity Name: YOU AND I LOGISTICS INC**Current Principal Place of Business:**1825 NW CORPORATE BLVD
SUITE 110
BOCA RATON, FL 33431**Current Mailing Address:**1825 NW CORPORATE BLVD
SUITE 110
BOCA RATON, FL 33431 US**FEI Number:** 87-2080711**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURA, MICIUS
1825 NW CORPORATE BLVD
SUITE 110
BOCA RATON, FL 33431 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P, CFO
Name	MURA, MICIUS
Address	1825 NW CORPORATE BLVD SUITE 110
City-State-Zip:	BOCA RATON FL 33431

Title	COO
Name	PIERRE LOUIS, MELSHY
Address	1825 NW CORPORATE BLVD SUITE 110
City-State-Zip:	BOCA RATON FL 33431

Title	TREASURER
Name	PAUL, YOUSELINE
Address	280 SW 56 AVENUE 206
City-State-Zip:	MARGETE FL 33068

Title	S
Name	EVARISTE, MANOUCHEKA
Address	1825 NW CORPORATE BLVD SUITE 110
City-State-Zip:	BOCA RATON FL 33431

Title	ASST. SECRETARY
Name	JEAN, MARIE MARLENE
Address	1825 NW CORPORATE BLVD SUITE 110
City-State-Zip:	BOCA RATON FL 33431

Title	ASST. TREASURER
Name	MURA, MICIUS
Address	3007 NW 4TH AVENUE APT1
City-State-Zip:	POMPANO BEACH FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICIUS MURA**CHIEF FINANCIAL
OFFICER****02/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date