

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002799

1. Entity Name

MORRISON EXPRESS CORPORATION (U.S.A.)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90014 009 ***150.00

Principal Place of Business

Mailing Address

1430 N.W. 82ND AVE.
MIAMI FL 33126
US

1430 N.W. 82ND AVE.
MIAMI FL 33126-1508
US

2. Principal Place of Business

1430 N.W. 82ND AVE.

Suite, Apt. #, etc.

3. Mailing Address

2000 HUGHES WAY

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
EL SEGUNDO, CA

4. FEI Number

95-3130076

Applied For

Not Applicable

Zip
33126

Country
USA

Zip
90245

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAVERAS, HENRY
1430 N.W. 82ND AVE.
MIAMI FL 33126

Name
TAVERAS, HENRY

Street Address (P.O. Box Number is Not Acceptable)
1430 N.W. 82ND AVE.

City
MIAMI

FL

Zip Code
33126

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. ☐
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LIU, EUGENE 2000 HUGHES WAY EL SEGUNDO CA 90245	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHI, JACKSON 2000 HUGHES WAY EL SEGUNDO CA 90245	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIU, DANNY 2000 HUGHES WAY EL SEGUNDO CA 90245	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHI, JACKSON 2000 HUGHES WAY EL SEGUNDO CA 90245	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIANG, JUDY 2000 HUGHES WAY EL SEGUNDO CA 90245	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAN, KATHY 2000 HUGHES WAY EL SEGUNDO CA 90245	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Judy Liang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

310-322-8999

Daytime Phone #

CR2E034 (9/99)