

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90317 022 \*\*\*150.00

DOCUMENT # P00000001429

1. Entity Name  
**NEXUS EXPRESS, INC.**

Principal Place of Business  
**141 CRANDON BLVD., STE. 245  
KEY BISCAVNE FL 33149**

Mailing Address  
**141 CRANDON BLVD., STE. 245  
KEY BISCAVNE FL 33149**

923527



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**22131 Boca Place Drive**

3. Mailing Address  
**22131 Boca Place Drive**

Suite, Apt. #, etc.  
**Apt. 224**

Suite, Apt. #, etc.  
**Apt. 224**

City & State  
**Boca Raton, Florida**

City & State  
**Boca Raton, Florida**

4. FEI Number **65-0986082**

Applied For  
Not Applicable

Zip  
**33433**

Country  
**USA**

Zip  
**33433**

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

**BAZO, JORGE  
141 CRANDON BLVD., STE. 245  
KEY BISCAVNE FL 33149**

Name  
**Bazo, Jorge**

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

**22131 Boca Place Drive, Apt 224**

City  
**Boca Raton**

FL

Zip Code  
**33433**

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 *Nina Bazo*

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

(NOTE: Registered Agent signature required when reinstating)

1/2/01  
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, 2001 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  
**COBD  
BAZO, NINA  
141 CRANDON BLVD STE 245  
KEY BISCAVNE FL 33149** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COBD  
BAZO, NINA  
22131 Boca Place Drive Apt 224  
Boca Raton, Florida 33433** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
BAZO, NINA  
141 CRANDON BLVD STE 245  
KEY BISCAVNE FL 33149** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
BAZO, NINA  
22131 Boca Place Drive Suite 224  
Boca Raton, Florida 33433** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BAZO, NINA  
141 CRANDON BLVD STE 245  
KEY BISCAVNE FL 33149** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BAZO, NINA  
22131 Boca Place Drive Apt 224  
Boca Raton, Florida 33433** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ 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: *Nina Bazo* - **Nina Bazo** 1/2/01 561-367-9559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)