

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000007320

1. Entity Name
MIAMI-DADE EXPRESS COURIERS, INC.

Principal Place of Business 1478 W 44TH TERRACE HIALEAH FL 33012	Mailing Address 1478 W 44TH TERRACE HIALEAH FL 33012
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2. Principal Place of Business 7205 NW 68TH STREET	3. Mailing Address 7205 NW 68TH STREET
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Suite, Apt. #, etc. SUITE #2	Suite, Apt. #, etc. SUITE #3
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33166	Country	Zip 33166	Country
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4. FEI Number 65-0974894	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SUAREZ MICHELLE LYN 1478 W 44TH TERRACE HIALEAH FL 33012	7. Name and Address of New Registered Agent Name SUAREZ MICHELLE LYN Street Address (P.O. Box Number is Not Acceptable) 7205 NW 68TH STREET SUITE #2 City MIAMI FL Zip Code 33166
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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 MICHELLE SUAREZ 01/30/2001
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ LUIS ALBERTO 1478 W 44TH TERRACE HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ LUIS ALBERTO 4500 NW 114TH AVE #2211 MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ MICHELLE LYN 1478 W 44TH TERRACE HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ MICHELLE LYN 4500 NW 114TH AVE #2211 MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> 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"/> 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"/> Delete	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: MICHELLE SUAREZ VD 01/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)