

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000078224

1. Entity Name
 MIAMI DADE EXPRESS, INC.

Principal Place of Business
 7205 NW 68TH STREET #1
 MIAMI FL 33166

Mailing Address
 7205 NW 68TH STREET #1
 MIAMI FL 33166

2. Principal Place of Business
 7205 NW 68TH STREET

3. Mailing Address
 7205 NW 68TH STREET

Suite, Apt. #, etc.
 SUITE #2

Suite, Apt. #, etc.
 SUITE #2

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33166

Country

Zip
 33166

Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIMOTHY N. THOMES, P.A.
 99198 OVERSEAS HIGHWAY
 SUITE 8
 KEY LARGO FL 33037 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

01/30/2001
 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SUAREZ MICHELLE L 7205 NW 68TH STREET SUITE#2 MIAMI FL 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SUAREZ LUIS A 7205 NW 68TH STREET SUITE#2 MIAMI FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VD 01/30/2001
 Date

Daytime Phone #

CR2E034 (1/1/00)