

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90217 034 ***150.00

DOCUMENT # **00000112579**

1. Entity Name
INTI EXPRESS Co.

Principal Place of Business Mailing Address
5124 South State Road 7 Fort Lauderdale, FL 33314 **5124 South State Road 7 Fort Lauderdale, FL 33314**

A0065667

2. Principal Place of Business **4300 Sheridan Street**
 3. Mailing Address **P.O. Box 813834**

Suite, Apt. #, etc. **Apt 209** Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Hollywood, FL** City & State **Hollywood, Florida** 4. FEI Number **65-1060210** Applied For Not Applicable

Zip **33021** Country **USA** Zip **33081** 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

Nelly Cadagan
5440 state road 7, suite 221
ft. Lauderdale, FL 33319.

Name **ETHEL CORSANO**
 Street Address (P.O. Box Number is Not Acceptable) **4300 Sheridan Street**
Apt. 209
 City **Hollywood** FL Zip Code **33021**

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  **ETHEL CORSANO** **04/19/01**
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. **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	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moises Benavente	NAME	
STREET ADDRESS	4300 Sheridan Street Apt 209	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHEL CORSANO	NAME	
STREET ADDRESS	4300 Sheridan Street Apt. 209	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moises Benavente	NAME	
STREET ADDRESS	4300 Sheridan Street Apt 209	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHEL CORSANO	NAME	
STREET ADDRESS	4300 Sheridan Street Apt 209	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **04/19/01** **954-962-0767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)