

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90786 029 ***150.00

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1. Entity Name
TAINO MULTISERVICES EXPRESS, CORP.

Principal Place of Business
17452 NW 76TH COURT
MIAMI FL 33015

Mailing Address
17452 NW 76TH COURT
MIAMI FL 33015



2. Principal Place of Business
2828 N.W. 17th AVE.
Suite, Apt. #, etc.

3. Mailing Address
2828 N.W. 17th AVE.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-1097422**

Applied For
Not Applicable

Zip **33142**

Country **DADE**

Zip **33142**

Country **DADE**

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

PENA, FRANK
17452 NW 76TH COURT
MIAMI FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENA, FRANK	
STREET ADDRESS	17452 NW 76TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENA, FRANK O	
STREET ADDRESS	17452 NW 76TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENA, FRANK A	
STREET ADDRESS	17452 NW 76TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA PENA	
STREET ADDRESS	17452 NW 76th CT.	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank A. Peña**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (305)371-6200
Date Daytime Phone #

CR2E034 (10/02)