FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91864 001 ***600.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047249

55032981

1. Entity Name
UNION EXPRESS, INC.

Principal Place of Business
~~601 BRICKELL KEY DRIVE~~ SUITE 705
~~MIAMI, FL 33131~~

Mailing Address
~~601 BRICKELL KEY DRIVE~~ SUITE 705
~~MIAMI, FL 33131~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 10723 W FLAGLER ST
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33174 Country

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 27-0030267 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~DE LA PENA & BAJANDAS~~ LLP
~~601 BRICKELL KEY DRIVE~~ SUITE 705
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): GEORGE SAENZ, CPA, P.A.
45 S.W. 24th Road
Miami, Florida 33129
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: [signature] 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: Pres NAME: RICARDO CORTEZ STREET ADDRESS: 13 GRAND BAY ESTATES CIR CITY-ST-ZIP: KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VP Secy NAME: AMANDA CORTEZ STREET ADDRESS: 13 GRAND BAY ESTATES CIR CITY-ST-ZIP: KEY BISCAYNE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 all address, with all other like empowered.

SIGNATURE: [signature] 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #