## Apr 21, 2003 8:00 am Secretary of State

**FILED** 

04-21-2003 90473 026 \*\*\*150.00

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

## P94000041674 **DOCUMENT #**

1. Entity Name

BOX EXPRESS INTERNATIONAL COURIER, INC.

Principal Place of Business 2025 NW 102ND AVE SUITE 109 MIAMI FL 33172 US 2. Principal Place of Business Suite, Apt. #, etc. City & State			Mailing Address 2025 NW 102ND AVE SUITE 109 MIAMI FL 33172 US  3. Mailing Address										
			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
			City & State				4. FEI Number 65-0497889			Applied For Not Applicable			
Zip	Со	untry Zi <sub>l</sub>	)	Countr	У	5.	Certificate	of Status	Desired		\$8.75 Ad Fee Require		
	6. Name and	Address of Current Registe	red Agent			7. 1	Name and	Address	of New F	Registered	Agent		
					Name					<del></del>			
GONZALEZ, DON			Street Addr			dress (P.O. E	ss (P.O. Box Number is Not Acceptable)						
9050 PINES BLVD STE 450													
HOLLYWO	OOD FL 33024												
				T T	City					FL	Zip Coo	le	
O The shows	nomed optity subs	nits this statement for the pu	rnage of observing its		d office or	intered se	out or bot	th in the l	State of Ele		<u> </u>	and secont	
	tions of registered a		pose of changing its	registeret	I Office Of I	egistereo ag	jeni, di bol	m, m me i	state of Fit	onga, ram	idililildi Willi,	and accept	
SIGNATURE .										<u></u>			
	Signature, typed or printe	d name of registered agent and title if a	pplicable. (NOTE	Registered	Agent signature	e required when re	einstating)			DATE			
Äfter		E IS \$150.00 e will be \$550.00 ida Department of State					1		npaign Fir Contributio			00 May Be d to Fees	
10.		OFFICERS AND DIRECT	000	44			<u> 1</u>					CINIA	
		OF FIGURE AND DIFFECT	ORS	11.		AL	DITIONS/	'CHANGE	S TO OFF	ICERS AND	DIRECTOR	21411	
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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 jepon 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:

04-16-03