

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91586 016 ***150.00

DOCUMENT# P94000078881

1. Entity Name

NEW WORLD EXPRESS CORPORATION

Principal Place of Business

Mailing Address

189 E FLAGLER ST SUITE 1527
MIAMI, FL33131

A0070335

2. Principal Place of Business

3009 NW 25th AVENUE

3. Mailing Address

SAME

Suite Apt. #, etc.

Suite. Apt. #. etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach ,FL

City & State

4. FEI Number

65-0529492

Applied For

Not Applicable

Zip

33069

Country

Zip

Country

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

THOMPSON, DISNEY

169 E FLAGLER ST SUITE 1527

MIAMI, FL33131

Name

Tax House Corporation

Street Address (P O. Box Number is Not Acceptable)

3929 N Federal Hwy

City

Pompano Beach

FL

Zip Code

33064

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

04/30/01

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

TITLE Delete
 NAME **D RODRIGUES, ANGELO CEZAR S**
 STREET ADDRESS **169 E FLAGLER ST SUITE 1527**
 CITY-ST-ZIP **MIAMI, FL33131**

TITLE Change Addition
 NAME **PTD RODRIGUES, ANGELO CEZAR S**
 STREET ADDRESS **1010 SEMINOLE DRIVE #713**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE Delete
 NAME **D RODRIGUES, MARILENE U**
 STREET ADDRESS **169 E FLAGLER ST SUITE 1527**
 CITY-ST-ZIP **MIAMI, FL33131**

TITLE Change Addition
 NAME **D RODRIGUES, MARILENE U**
 STREET ADDRESS **1010 SEMINOLE DRIVE #713**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE Delete
 NAME **D CLOPP, AUGUSTO S**
 STREET ADDRESS **169 E FLAGLER ST SUITE 1527**
 CITY-ST-ZIP **MIAMI, FL33131**

TITLE Change Addition
 NAME **VPD ARAUJO, EDSON DE**
 STREET ADDRESS **22368 CAMEO DRIVE W**
 CITY-ST-ZIP **BOCA RATON, FL33433**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

DATE

(954) 956-7576

DAYTIME PHONE #