

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0038507 AV

**DOCUMENT # P97000000795**

**1. Entity Name**  
**PRIORITY INTERNATIONAL CORPORATION**

03-20-2002 90037 036 \*\*\*150.00

<b>Principal Place of Business</b> 6065 NW 167 ST SUITE B12 MIAMI FL 33015 US	<b>Mailing Address</b> 180 RIVIERA CIRCLE FORT LAUDERDALE FL 33326 US
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00040010



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. <b>Priority International, Corp.</b> <b>1140 West 50 St., Suite #306</b>	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Hialeah, Florida 33012</b> <b>Ph: 305-557-8425 Fax: 305-557-8426</b>	City & State
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<b>4. FEI Number</b> 65-0758535	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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**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**

**QUESADA, MERCEDES**  
**1475 WEST 46TH STREET., SUITE 226**  
**HIALEAH FL 33012**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.**

**SIGNATURE** \_\_\_\_\_ (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.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Mercedes Quesada  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2002      305-557-8425  
 Date      Daytime Phone #

CR2E034 (9/01)