

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90087 032 \*\*\*\*61.25  
 01-27-2000 90023 043 \*\*\*158.75

**DOCUMENT #** P99000074285 - ~~AMENDMENT~~

**1. Entity Name**  
 BEST BUY COURIER EXPRESS, INC.

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**Principal Place of Business**      **Mailing Address**

8413 NW 68TH STREET      8413 NW 68TH STREET  
 MIAMI, FL 33166      MIAMI, FL 33166

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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number** 65-0953890      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

JOSE MARIA CARNEIRO DA CUNHA  
 1200 BRICKELL AVE, SUITE 900  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

**Name**  
 HONOR RODRIGUES DA SILVA

**Street Address (P.O. Box Number is Not Acceptable)**  
 111 NE 1ST STREET, 8TH FLOOR

**City** MIAMI      **FL**      **Zip Code** 33132

**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**  HONOR RODRIGUES DA SILVA      04/10/00  
Signature typed or printed name of registered agent and title if applicable. (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, 2000 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**

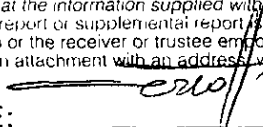
**11. OFFICERS AND DIRECTORS**

<input type="checkbox"/> Delete	<b>TITLE</b> D
<input type="checkbox"/> Delete	<b>NAME</b> RODRIGUES DA SILVA, HONOR
<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 111 NE 1ST ST, 8TH FLOOR
<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> MIAMI, FL 33132
<input type="checkbox"/> Delete	<b>TITLE</b>
<input type="checkbox"/> Delete	<b>NAME</b>
<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<b>TITLE</b>
<input type="checkbox"/> Delete	<b>NAME</b>
<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete	<b>TITLE</b>
<input type="checkbox"/> Delete	<b>NAME</b>
<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>
<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b>

**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:**  HONOR RODRIGUES DA SILVA      04/10/00      305-3748899