

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90431 005 ***158.75

DOCUMENT # F02000002585

1. Entity Name

MATEO EXPRESS INC



Principal Place of Business

**9 EAST 40TH ST. 13TH FL
NEW YORK NY 10016**

Mailing Address

**9 EAST 40TH ST. 13TH FL
NEW YORK NY 10016**

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

13-3767675

Applied For

Not Applicable

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

CARRION, DOMINGO

C/O R. DISLA

2 N LAGUNA POINTE WAY

KISSIMMEE FL 34743

Name

CARRION, DOMINGO

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

C/O R. D

2 N LAGUNA POINTE WAY

KISSIMMEE

FL

34743

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

DOMINGO CARRION VP / S

1/6/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
BERGES, VICTOR GOMEZ
CALLE GINE BRD #8 RESPAUDO BLDABA
ARROYO HONDO, SANTO DOMINGO** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
MATOS-GARCIA, LEONARDO P.
BARRANCA OESTE #37, CASA DE CAMPO
LA ROMANA, DOMINICAN REPUBLIC** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RISK, JULIO HAZIM
GUSTAVO MEDIA RICART #211
SANTO DOMINGO** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/S
CARRION, DOMINGO
288 W MAIN ST
BERGENFIELD, NJ 07621** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CARRION, DOMINGO
288 W MAIN ST
BERGENFIELD NJ 07621** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/S
CARRION, DOMINGO
288 W MAIN ST
BERGENFIELD, NJ 07621** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TERRERO, ANDRES
7-9 WEST 103TH ST. 4-C
NEW YORK NY 10025** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TERRERO, ANDRES
7-9 WEST 103TH ST. 4-C
NEW YORK NY 10025** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TERRERO, ANDRES
7-9 WEST 103TH ST. 4-C
NEW YORK NY 10025** ☐ Delete

TITLE
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CITY-ST-ZIP
**S
TERRERO, ANDRES
7-9 WEST 103TH ST. 4-C
NEW YORK NY 10025** ☐ Change ☐ Addition

TITLE
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TERRERO, ANDRES
7-9 WEST 103TH ST. 4-C
NEW YORK NY 10025** ☐ Delete

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**S
TERRERO, ANDRES
7-9 WEST 103TH ST. 4-C
NEW YORK NY 10025** ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

DOMINGO CARRION

1/6/03

(212) 725-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)