

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91175 033 ***150.00

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DOCUMENT # F04971

1. Entity Name
CITTI COURIER, INC.



Principal Place of Business
7247 NW 54TH STREET
MIAMI FL 33166
US

Mailing Address
7247 NW 54TH STREET
MIAMI FL 33166
US

20030011



2. Principal Place of Business
20340 NW 3rd St.

3. Mailing Address
20340 NW 3rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Penbrooke Pines, FL

City & State
Penbrooke Pines, FL

4. FEI Number
59-2059248

Applied For
Not Applicable

Zip
33029

Country

Zip
33029

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

GREENFIELD, MARK I
7247 NW 54 ST
MIAMI FL 33166

Name
Greenfield, Mark I
Street Address (P.O. Box Number is Not Acceptable)
20340 NW 3rd St.
Penbrooke Pines, FL
City **FL** Zip Code **33029**

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 _____ **April 16th, 2003**
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 **P** ☐ Delete
NAME **GREENFIELD, MARK**
STREET ADDRESS **7247 NW 54 ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Mark I Greenfield**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 **305-318-4716**
Date Daytime Phone #

CR2E034 (10/02)