

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002125

1. Entity Name

X-PRESS FREIGHT FORWARDERS INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90015 011 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 3557
CAROLINA
PUERTO RICO 00984

P.O. BOX 3557
CAROLINA
PUERTO RICO 00984-3557

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

66-0443506

Applied For

Not Applicable

Zip

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

LEGLER, MITCHELL W
1 INDEPENDENT DRIVE
SUITE 3104
JACKSONVILLE FL 32202

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	VILANOVA, ERNESTO	
STREET ADDRESS	1223 LUCHETTI ST., ROMAN MANSIONS CNDO, #2N	
CITY-ST-ZIP	CONDADO, PUERTO RICO 00927	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VILANOVA, LIZA	
STREET ADDRESS	PASEO DE LAS FLORES SC 35	
CITY-ST-ZIP	TRUJILLO ALTO, PUERTO RICO 00976	
TITLE	S	<input type="checkbox"/> Delete
NAME	VILANOVA, IVONNE	
STREET ADDRESS	SUCHVILLE PARK, CARR #2, KM 17.6	
CITY-ST-ZIP	GUAYNABO, PUERTO RICO	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENES, RAMON	
STREET ADDRESS	CARR 175, KM 2.9, BO SAN ANTONIO	
CITY-ST-ZIP	CAGUAS, PUERTO RICO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Ernesto Vilanova

January 28, 2000

(787)769-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)